

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Doroy Arnold

CERTIFICATE OF DEATH

Died at	Mount Savage	County	MARYLAND
Date of death	1905 Aug 7	Age	Months Days
Sex	Male	Color or Race	7 20
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Adam W. Arnold		
Mother's Maiden Name	Bartha Hinsel		
Name of person giving information	Daniel Arnold		

CAUSES OF DEATH

Primary

Cholera Dysentery



24 hours

Immediate

Exhaust.

How long

Are the name, age, sex, color, date and place correctly given above?

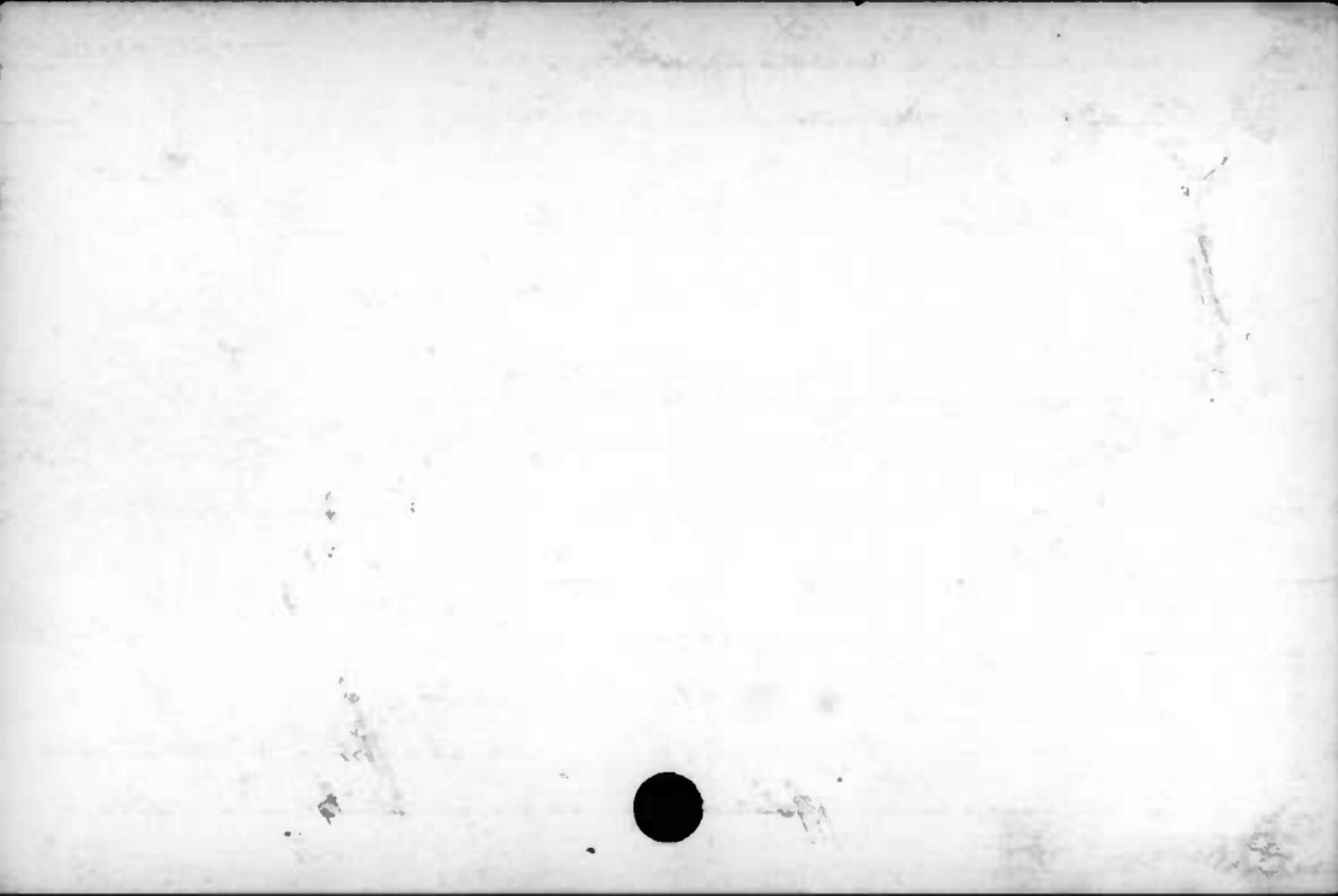
yes

Signature of Physician

Address

F. Alan G. Murray  
Mt. Savage Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Erving Ashby

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Cumberland

Alle

Date

Month

Day

Years

of death

1905

Aug

18

18

Age

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Singl

Charles Ashby

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

Charles Ashby

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Burns

16

How long

10 hours

Immediate

asphyxiation

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

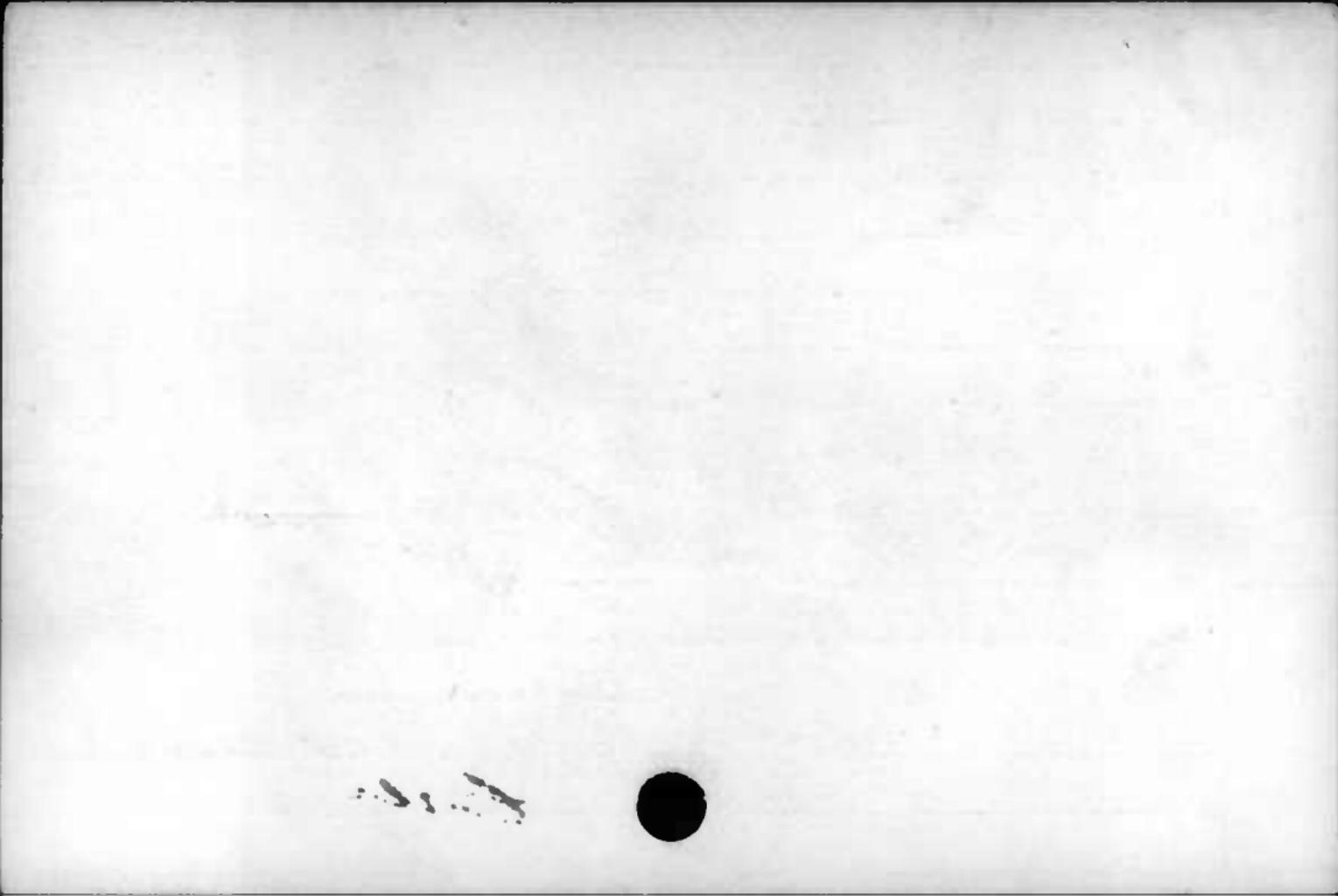
Address

Dr S Sparks

Cumberland

LOUIS STEIN.

Accident or Suicide?



Name  
in  
Full

Bertha Baker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	one	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John Baker			
Mother's Maiden Name	Gertie Farms.			
Name of person giving information	John Baker.			

CAUSES OF DEATH

105

Primary	Chokra infection		How long
Immediate	Explosion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
LOUIS STEIN, J.A.		Mr. Badges City	
Accident or Suicide?			

Saturday 10. a.m.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hazel Bolithow

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at	Baltimore	Month	Year	Age	Months	Days
Date of death	1905	day	25	1	4	
Sex	Female	Color or Race	White		Birth-place	Pa
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	James Bolithow					
Mother's Maiden Name	Edith Johns					
Name of person giving information	James Bolithow					

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

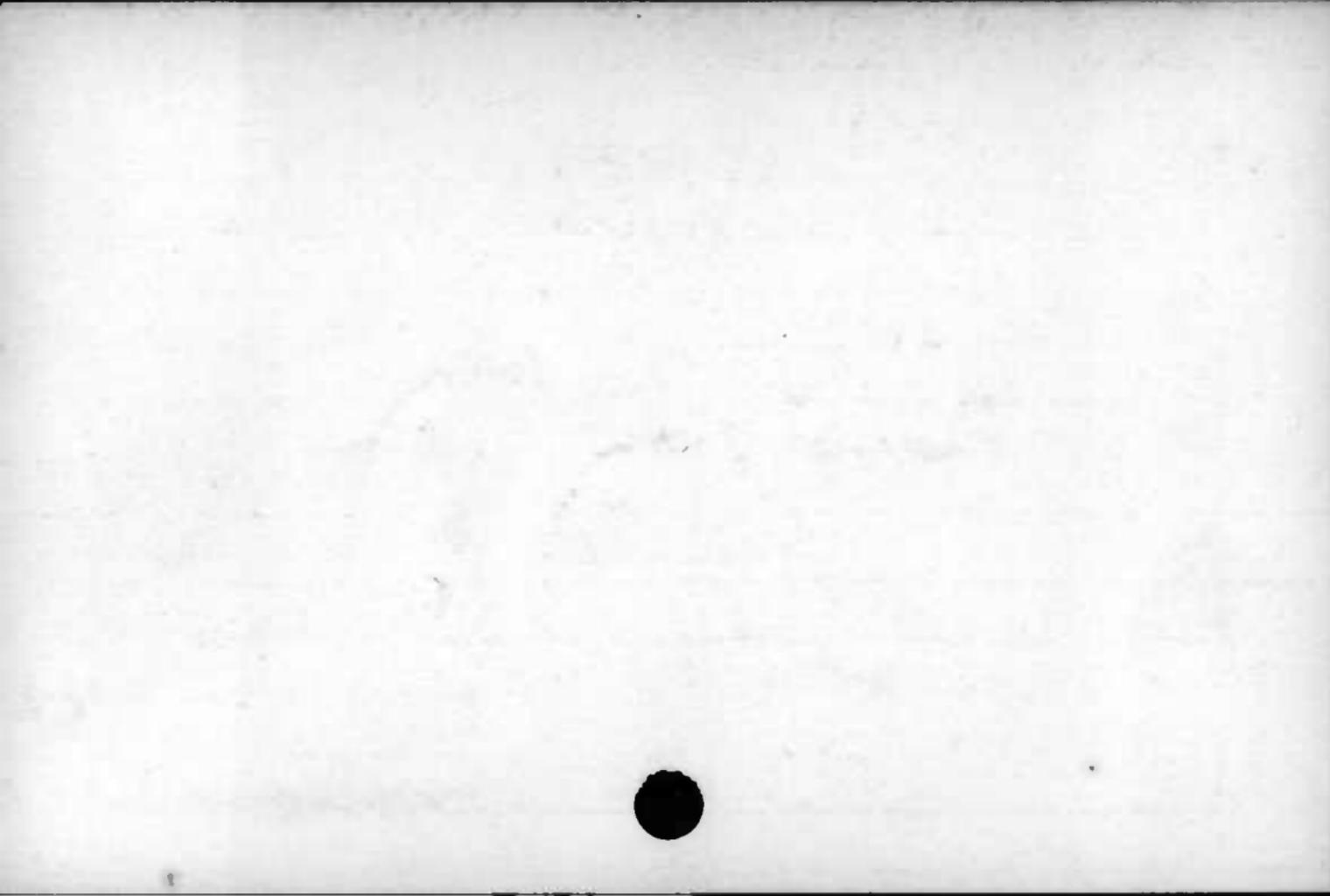
Signature of Physician

Dr F. L. Bardoll

Address

Cumberland, Md.

Accident or Suicide?



Name  
in  
Full

Ernest Baldwin Burkhardt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Aug	1	1	2		
Sex	Color or Race	Birth-place				
Worker	White	Par				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Erhardt Burkhardt		Father's Birthplace			Par
Mother's Maiden Name	Emma Cameron		Mother's Birthplace			Br
Name of person giving information	Ernest Burkhardt		How related to deceased			Mother

CAUSES OF DEATH

Primary	Syphilitic Fever	V	How long	3 weeks	
Immediate	Excoriation of Bowel		How long		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr F. L. Bardoll	
			Address	23 Broadway Md	
Accident or Suicide?					

PHYSICIAN  
OR CORONER

Bard Pa  
Bedford County

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

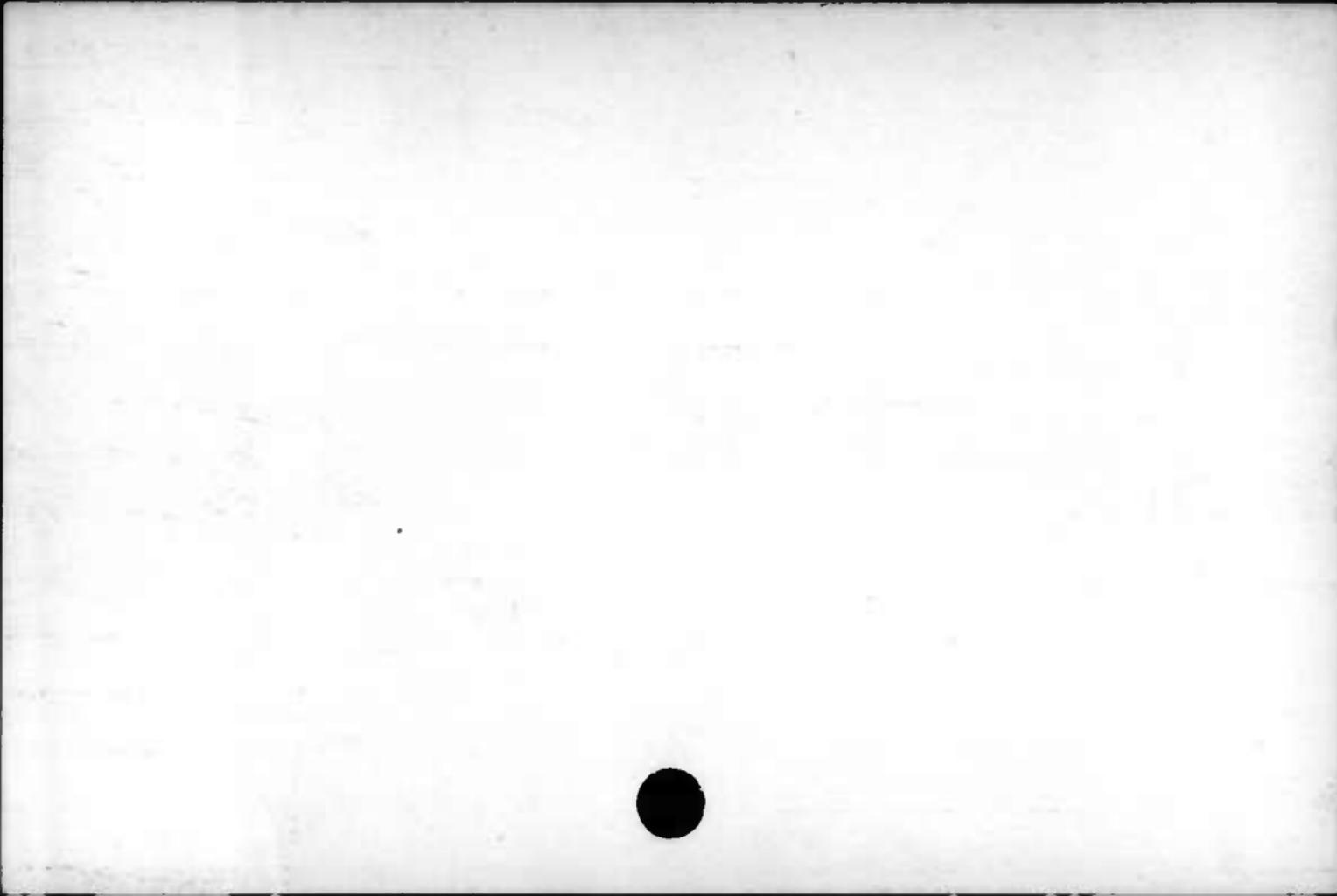
Child of J. P. Burns -

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	J. P. Burns		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Renttime Salvar	152	How long	3 weeks
	Immediate	Strangulation	152	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. P. Bushrodall	
		Address		Cumberland Md.	
Accident or Suicide?					



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

# Katherine Buskey

## CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1905 Aug

29

-

2

Sex  
OccupationColor or  
Race

White

Birth-  
place

Md

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

Single

Joseph G Buskey

Md

Katherine Buskey

Md

Joseph Buskey

Father

## CAUSES OF DEATH

Primary

Chorea Infantum

Hosp

Immediate

Expansive

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr J J Wilson  
CityPHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Alonzo Burritt Carrier

CERTIFICATE OF DEATH

Died at <u>Gumbold</u>		Town <u>Town</u>		County <u>area</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>16</u>	Years <u>about 53</u>	Age <u>about 53</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Angola N.Y.</u>			
Occupation <u>Saleman</u>			Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charlotte</u>				Father's Name <u>—</u>	Father's Birthplace <u>W. Y.</u>	
Mother's Maiden Name <u>—</u>	<u>Wardwell</u>				Mother's Birthplace <u>Michigan</u>		
Name of person giving information <u>F.B. Gray</u>					How related to deceased <u>—</u>		

CAUSES OF DEATH

Primary

Chronic nephritis

How long

120

Immediate

Uraemic Coma

How long

about 3 days

Are the name, age, sex, color, date and place correctly given above?

yes

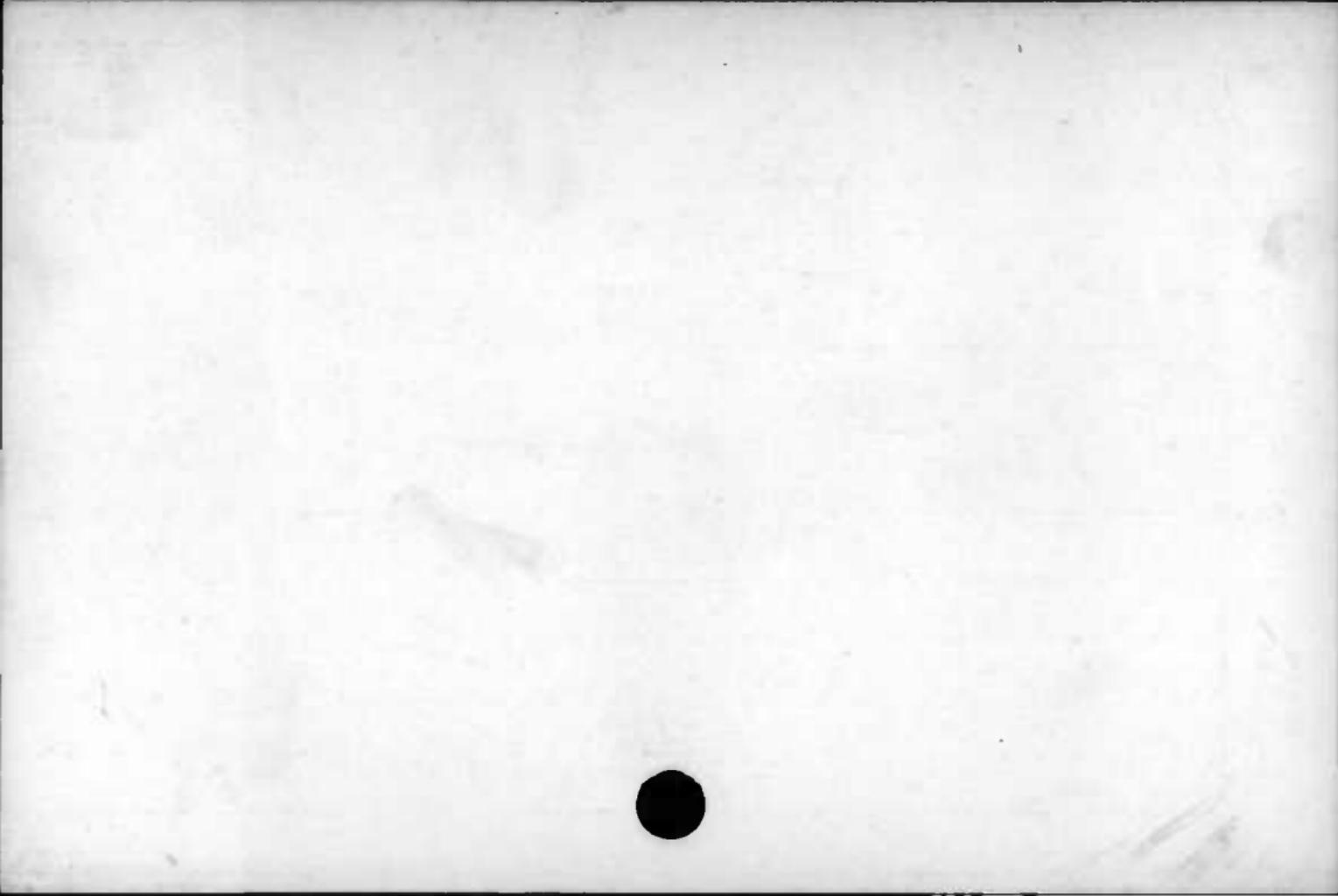
Signature of Physician

James J. Johnson

Address

107 St

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Albert Cassidy

## CERTIFICATE OF DEATH

Died at

Town

Ind Saraya

County

allegan

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1905

Aug

8

Age

3

15

Sex

Male

Color or  
Race

White

Birth-  
place

Ind Saraya

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
Birthplace

Albert Cassidy

Ind

Mother's  
Maiden NameMother's  
Birthplace

Vesta Warner

W. Wa

Name of person giving  
InformationHow related  
to deceased

George Warner

Grandfath

## CAUSES OF DEATH

Primary

Inanilition

(no)

How long

all his

Immediate

Exhausti

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

F. Alan G. Warner

Ind Saraya

Ind

Accident or Suicide?



Name  
in  
Full

Child of Ed. C. Cochran

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Aug	28	-	-	3
Sex	Color or Race	White	Birth-place	Cumberland	
Male					
Occupation	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed	Name of Wife or Husband				
Father's Name	Edward C. Cochran				
Mother's Maiden Name	Daisy Brashier				
Name of person giving information	Anne Fletcher Read				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: Inanition 15 ✓ How long: 3 days +

Immediate: - How long: -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Mrs. Rebecca Read, Nurse

Address:

Cumberland, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Wm Eugene Cook

CERTIFICATE OF DEATH

Died at <u>Beth Savage</u> Town <u>Allegany</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>August</u>	Day <u>21st</u>	Year <u>Age</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Beth Savage</u>	Months <u>8</u> Days <u>8</u>
Occupation _____	Where Residing if not at place of death _____		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband _____		
Father's Name <u>Allridge</u>	Father's Birthplace <u>Beth Savage</u>		
Mother's Maiden Name <u>Rizzie Cook</u>	Mother's Birthplace _____		
Name of person giving information <u>Johnna Tufanitch</u>	How related to deceased <u>✓</u>		

CAUSES OF DEATH

Primary

Cholera infantum

105

How long

x days

Immediate

Spasms

How long

night

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. Alan G. Murray M.D.

Address

Beth Savage  
Md

Accident or Suicide?



Name  
in  
Full

Infant Amos Conrad

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Clayton</u>		Town	County <u>Allegany</u>	MARYLAND	
Date of death <u>1905</u>	Month <u>8</u>	Day <u>30"</u>	Years _____	Months <u>1</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Cumberland</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Amos Conrad</u>	Father's Birthplace <u>Bethel, Pa.</u>				
Mother's Maiden Name <u>Emma Chugerman</u>	Mother's Birthplace <u>Pa.</u>				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Eczema</u>	(93)	How long
Immediate	<u>Pneumonia</u>		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Eichholtz  
87 Halcyon St  
Cumberland

Accident or Suicide?

Orlean  
crop Rd

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Donald Howard Cappa

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
1905	Aug	14	-		19
Sex	Color or Race	Age	Birth-place		
Male	White	-	Md.		
Occupation	Where Residing if not at place of death				

Married, Single  
or Widowed

single

Name of Wife or Husband

Father's Name

Sereno Cappa

Father's Birthplace

West Va

Mother's Maiden Name

Bessie Green

Mother's Birthplace

Md

Name of person giving information

Sereno Cappa

How related to deceased

Father

CAUSES OF DEATH

Primary

How long

105

Immediate

How long

Gastlio Entelilise

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr E B Claybrook  
Cumberland Md

Accident or Suicide?

199 -

Name  
in  
Full

Velda Deal

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1905	Month May	Day 9	Years	Months 10 Days
Sex	Female	Color or Race	white	Birth-place	West Va
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name or Wife or Husband		
Father's Name	J W Compton		Father's Birthplace	West Va	
Mother's Maiden Name	Vesta Deal		Mother's Birthplace	West Va	
Name of person giving Information	J W Compton		How related to deceased	Father	

CAUSES OF DEATH

Primary

Cholera Infantum

105

How long

2 week

Immediate

expansion

Are the name, age, sex, color, date and place correctly given above?

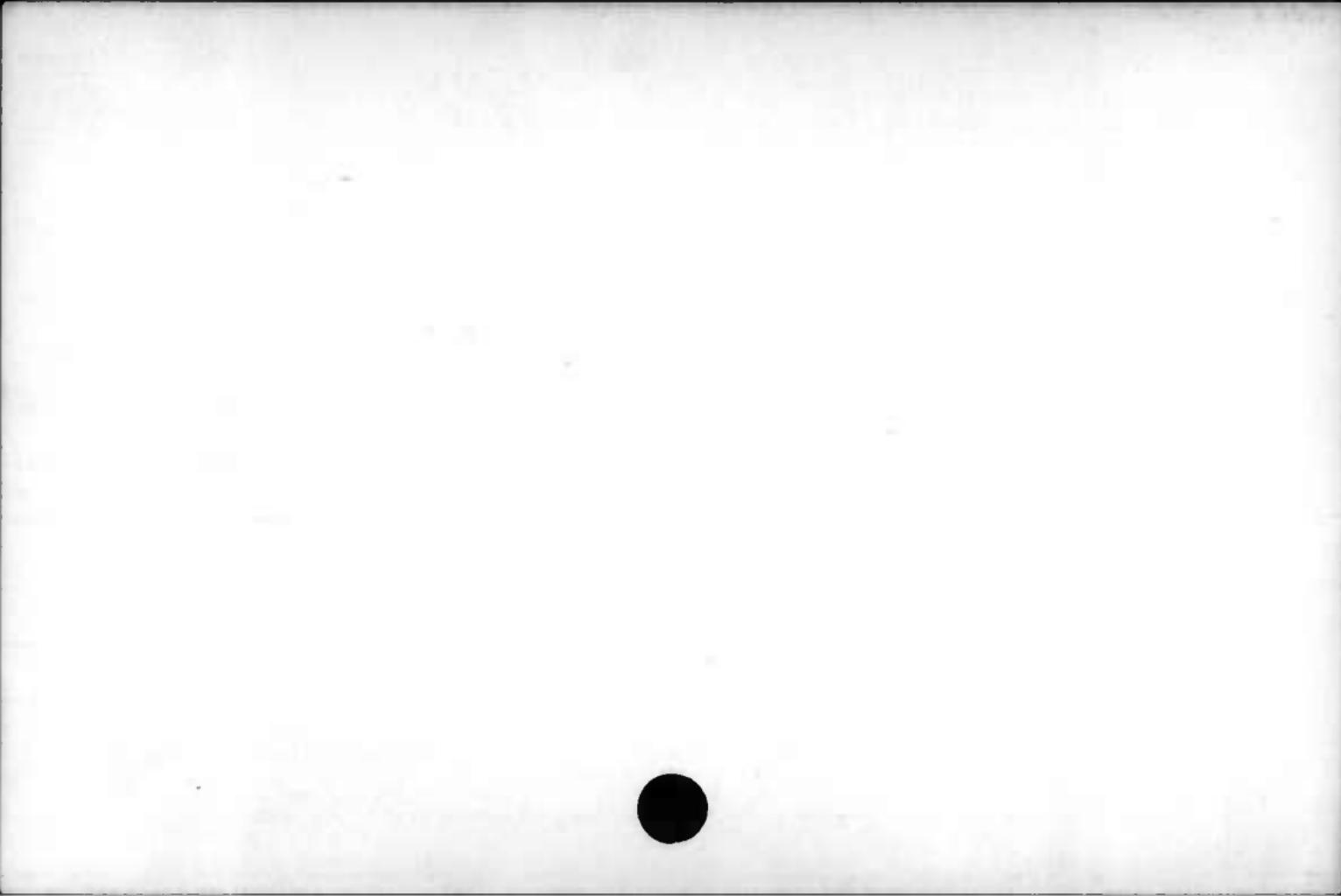
Yes

Signature of Physician

Address

J G Broadway  
City  
Broadway

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Russell Duckworts

CERTIFICATE OF DEATH

Died at		Town	County			
Date of death		Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Kensaw Park.	
Occupation	Where Residing If not at place of death					-
Married, Single or Widowed	Name of Wife or Husband		S			
Father's Name	Russel Duckworts		Father's Birthplace	Ranring Rd		
Mother's Maiden Name	Martha Wright		Mother's Birthplace	Somewere		
Name of person giving information	Russel Duckworts		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature birth

How long

2 m

Immediate

(S)  
Signature of Physician

How long

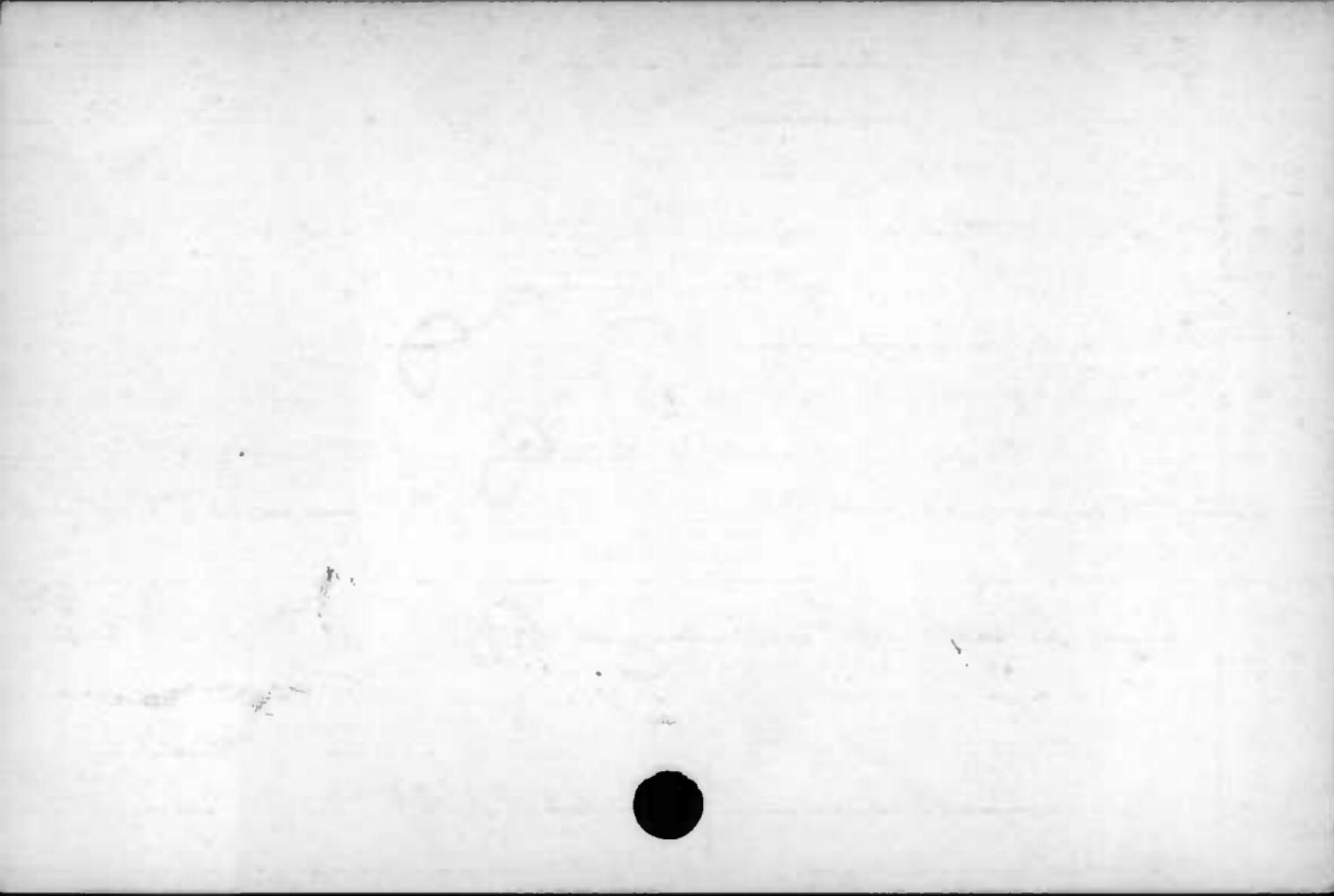
Are the name, age, sex, color, date and place correctly given above?

Address

Wm E. Wright  
City 22

LOUIS STEIN.

Accident or Suicide?



Name  
in  
Full

Margrette C. Dyche

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Cumbeland

Town

County

MARYLAND

Date of death 1905 August 7

Month

Day

Years

Months

Days

Age

Still Born

Sex Female

Color or Race

Birth-place

Cumbeland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Jahn Dyche

Father's Birthplace

wood mount  
W. Va

Mother's Maiden Name

Savine Lewis S.

Mother's Birthplace

magnolia  
W. Va

Name of person giving  
Information

Father

How related  
to deceased

Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Impurity in uterus

How long

Don't know

Immediate

still born

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

F. L. Barndall

Magnolia

Address

Cumbeland.

Accident or Suicide?

W. W. Smith



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

infant of Raymond & Ida Fogle

CERTIFICATE OF DEATH

MARYLAND

Died at Home

County Baltimore

Date of death 1905 Aug 8

Month Aug

Day 8

Years —

Age —

Months —

Days —

Sex Female

Color or Race White

Birthplace Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed Single

Name of Wife or  
Husband

Father's Name Raymond Fogle

Father's Birthplace Md

Mother's Maiden Name Ida Kliss

Mother's Birthplace Md

Name of person giving  
Information Raymond Fogle

How related  
to deceased Father

CAUSES OF DEATH 151

Primary

Premature birth 7 lb. week

How long

Immediate

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician J. R. Foothman

Address

LOUIS STEIN

Accident or Suicide?

Fightman

PHYSICIAN  
OR CORONER

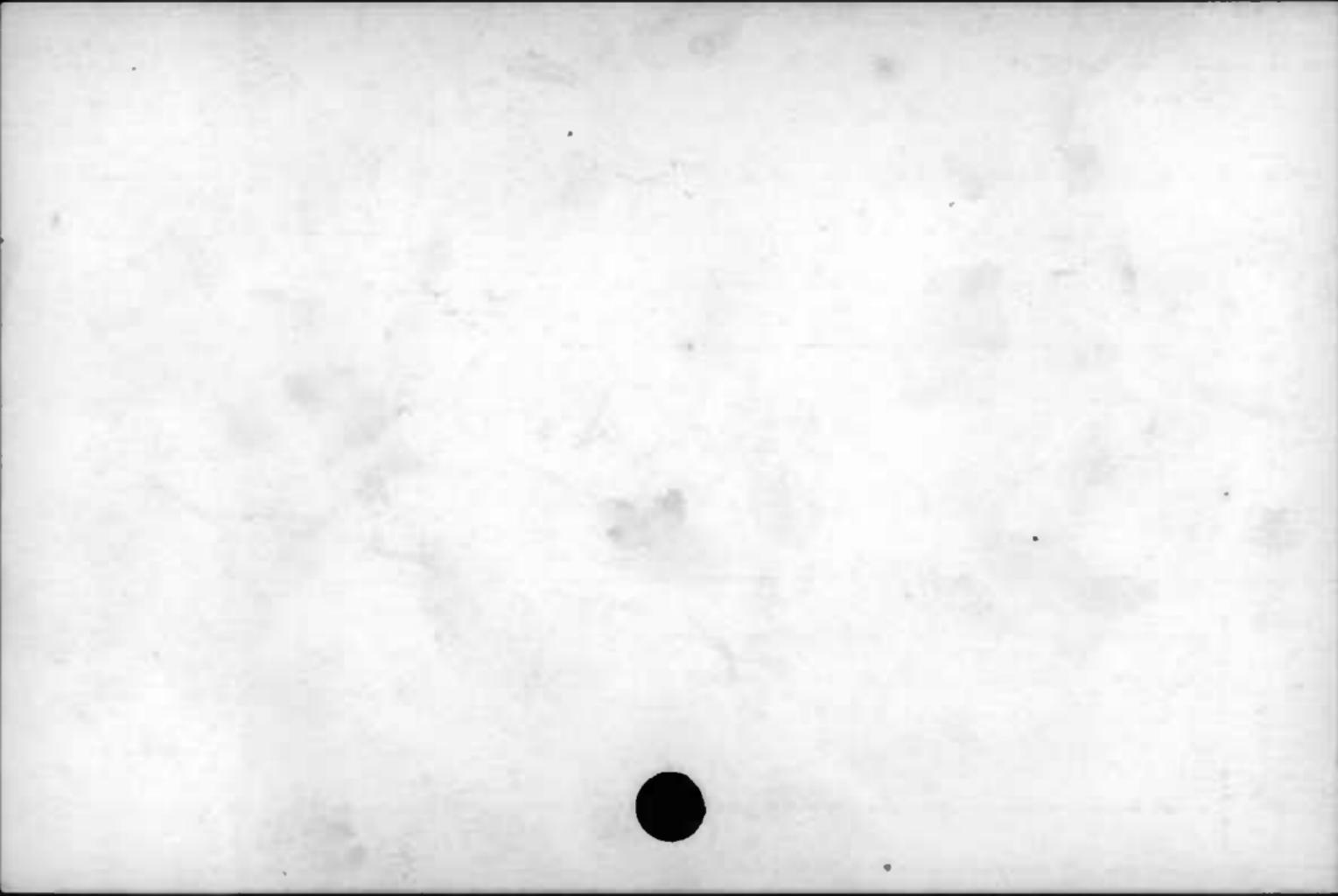
173 Madison St

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Owen Helen Goldsworthy						CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Died at	Oberonville	Alleghany	MARYLAND				
Date of death	1905 Aug	10	Age	—	—	14	
Sex	Female	Color or Race	White	Birth-place	National Park		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	—	Name of Wife or Husband					
Father's Name	Paul Goldsworthy						
Mother's Maiden Name	Annie Heffrich						
Name of person giving information	Father						
Primary	CAUSES OF DEATH						
Immediate	Exhaustion Prostration						
Are the name, age, sex, color, date and place correctly given above?			Yes		151		
			Signature of Physician		How long		
			Address		How long		
			W.G. Damm M.D.				
			8 South George St				
			Cumberland				
Accident or Suicide?							



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John Gorman  
Eason

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Male	Color or Race	Age
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name		Mother's Name	Mother's Birthplace
Name of person giving information	How related to deceased		

108

Widowed

Mrs Peter Gony

daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: *Fecal Impaction Peritonitis*

How long: *Two days*

Immediate: *Colloposis*

How long: *few hours*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J.W. Torkildsen

Address

Cumberland

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# Hallie Grandison

## CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date  
of death 190

Month

Day

Years

Months

Days

Age

2

Days

Sex Female

Color or  
Race

Colored

Birth-  
place

West Va

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Single

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

Neal Grandison

Hallie Williams

Neal Grandison

West Va

West Va

Fathers

## CAUSES OF DEATH

Primary

Gastro Enteritis

How long

Immediate

1 week

Signature of  
Physician

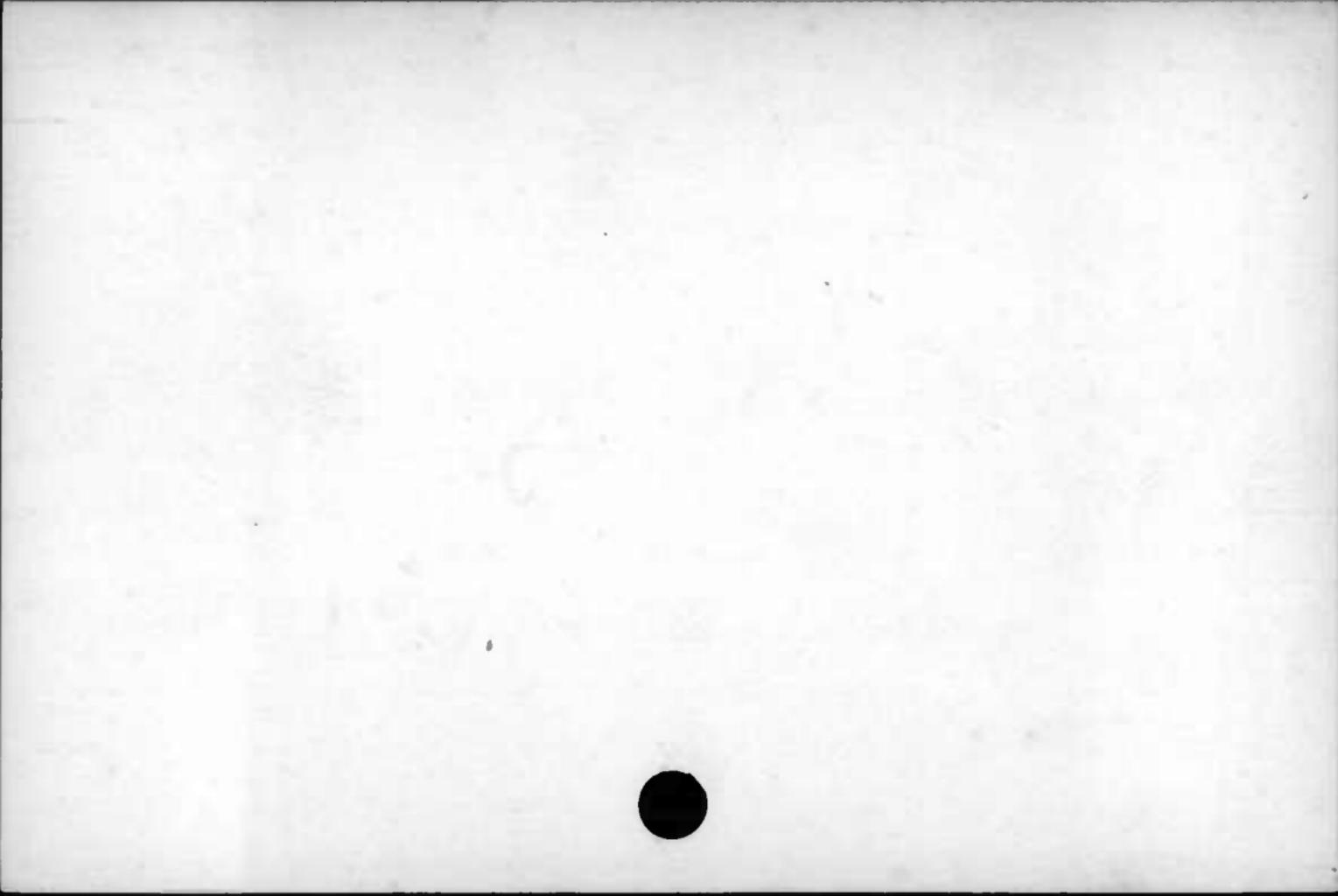
Address

Are the name, age, sex, color, date  
and place correctly given above?

Yes

C B Claybrook  
City

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Date of death		Month	Day	Years	Months
Sex	Married	Color or Race	Age	white	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John D. Green				
Mother's Maiden Name	Mary Lynn S.				
Name of person giving Information	John D. Green				

CAUSES OF DEATH

Primary *Miscarriage about the 3 $\frac{1}{2}$  months* How long

Immediate *yes* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Brookins  
Cumberland Md.

Accident or Suicide?

✓  
PHYSICIAN  
OR CORONER

1974



Name  
in  
Full

Mary Kirkwood Hamilton

CERTIFICATE OF DEATH

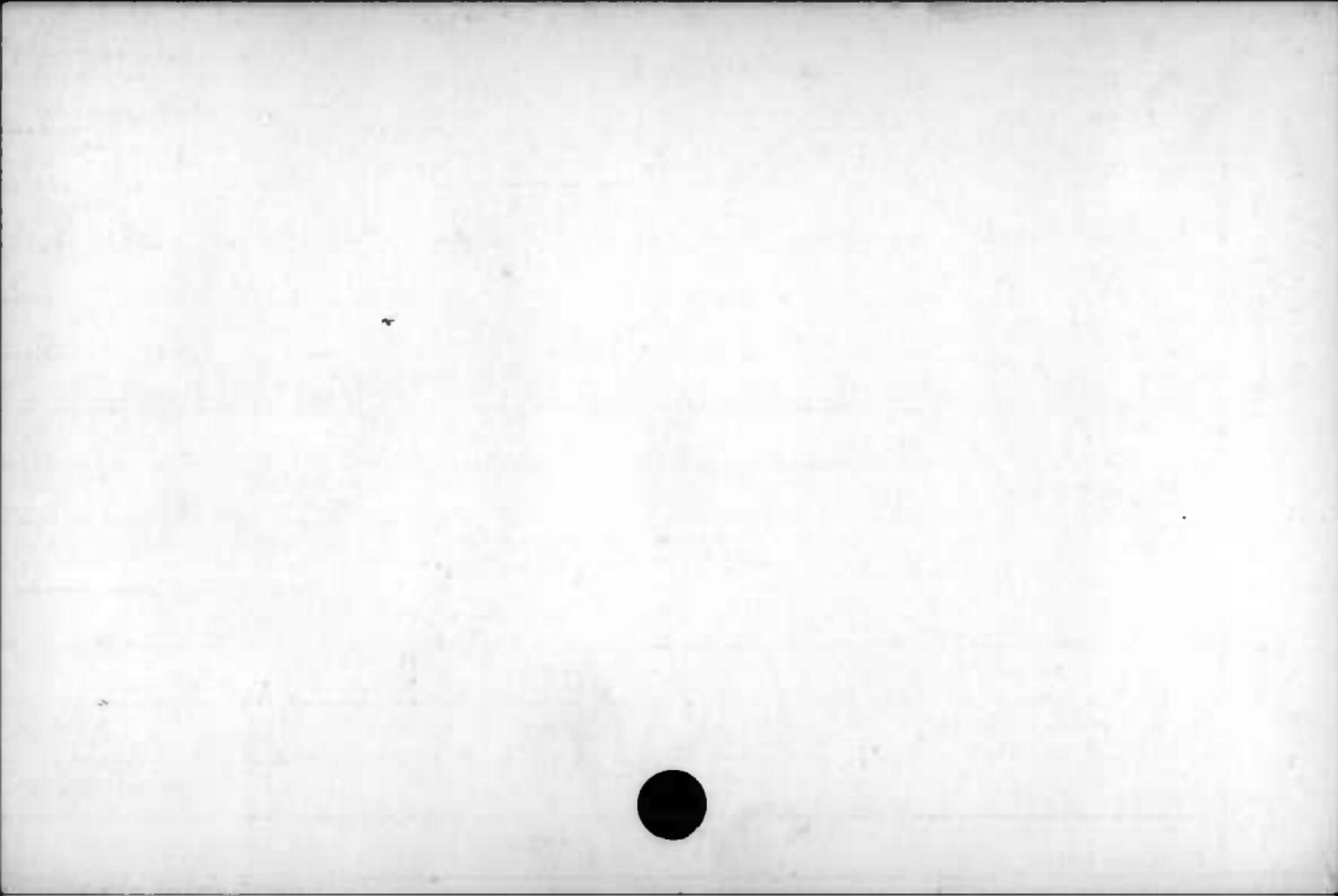
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Aug.	Day 18	Age 14	Years 0	Months 0 Days 4
Sex Female	Color or Race White	Occupation	Lonaconing Md.		
Married, Single or Widowed	Songeber				
Name of Wife or Husband					
Father's Name	John K. Hamilton	Father's Birthplace	Scotland		
Mother's Maiden Name	Elizabeth Kendra	Mother's Birthplace	Lonaconing Md.		
Name of person giving Information	John L. Hamilton	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	(1)	How long	25 days
Immediate	Septicemia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry M. Hodgeson M.D.	
		Address	Lonaconing Md.	
Accident or Suicide?	Ex			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Helen Pearl Hendrixson

CERTIFICATE OF DEATH

Died at Cumberland

County Allegany

MARYLAND

Date of death 1905 Month Aug

Day 6

Years -

Months 6

Days -

Sex Female

Color or Race White

Birth-place Cumberland

Occupation -

Where Residing if not  
at place of death -

Married, Single  
or Widowed -

Name of Wife or  
Husband -

Father's Name John A. Hendrixson

Father's Birthplace MD

Mother's Maiden Name Annie Shartzer

Mother's Birthplace MD

Name of person giving  
Information John A. Hendrixson

How related  
to deceased Father

CAUSES OF DEATH

Primary Pneumonia

How long 24 days

Immediate Exhaustion

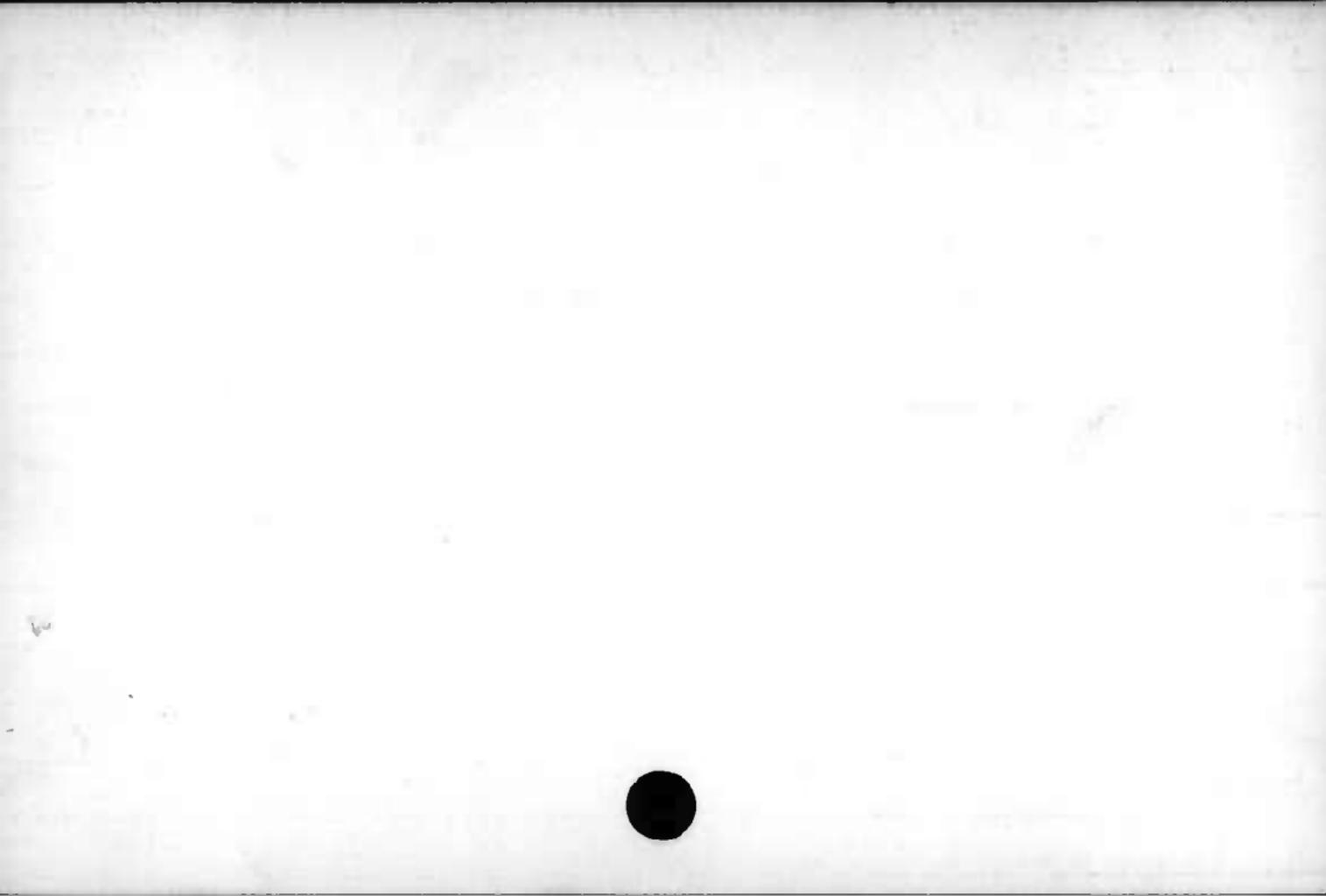
How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician Dr. Thos. K. Rose

Address Cumberland, Pa.

Accident or Suicide? No



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sarah Hilman				CERTIFICATE OF DEATH			
Died at	Luke	Town		County	Allegany	Court	MARYLAND
Date of death	1905 Aug 9	Month	Day	Age	9	Year	
Sex	female	Color or Race		Months	9	Days	28
Occupation		Where Residing if not at place of death			Delaware		
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Pa	Mother's Birthplace	Pa
Father's Name	Albert Hilman			How related to deceased	Daughter		
Mother's Maiden Name	Phenia Gregg						
Name of person giving information	Phenia Hilman						

## CAUSES OF DEATH

Primary

Cerebral Meningitis

6

How long

One week

How long

Immediate

y/n

Are the name, age, sex, color, date and place correctly given above?

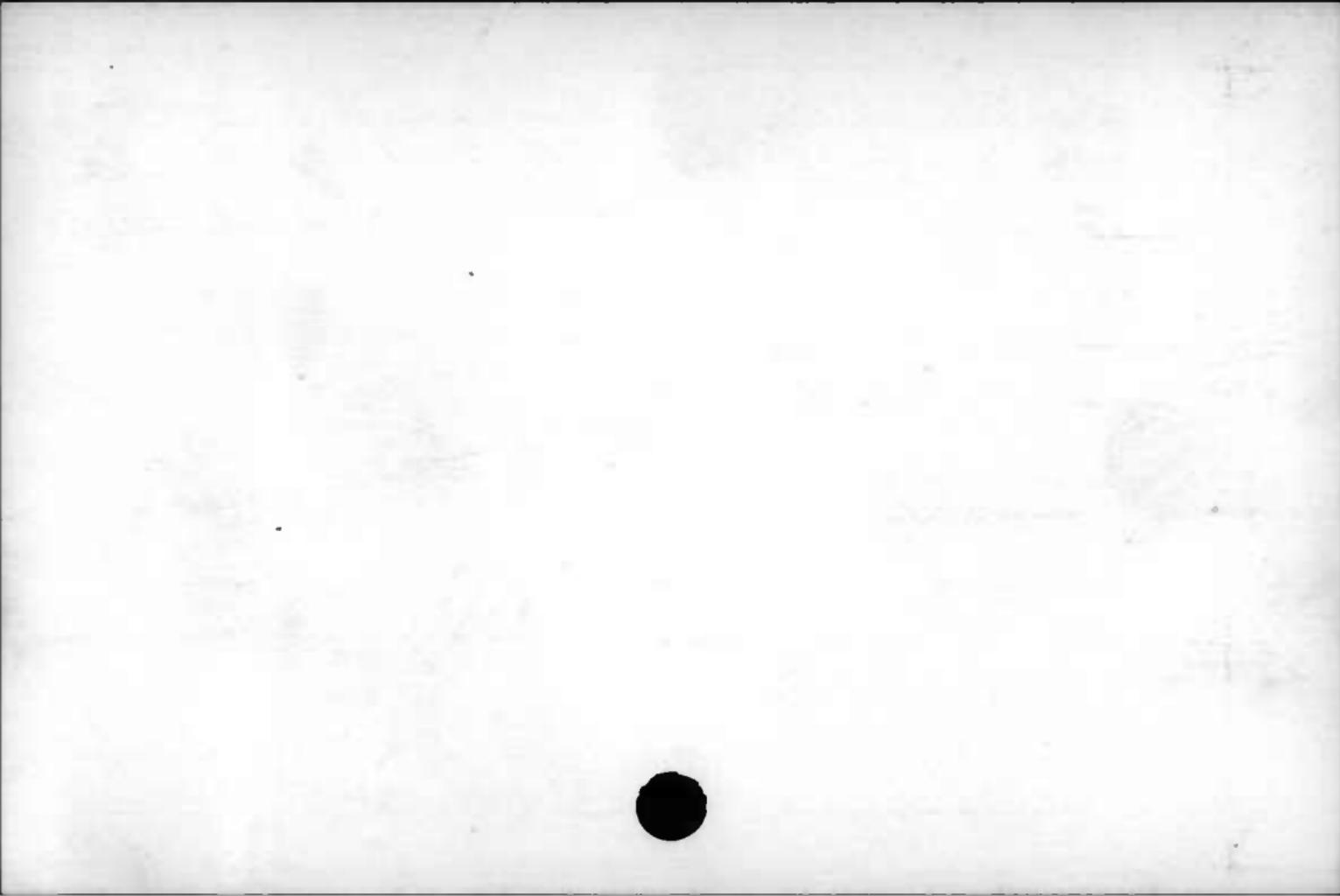
Signature of Physician

Address

Dr. J. H. Vaughan  
Diedmon Dr.  
MDA

Accident or Suicide?

n/a



Name  
in  
FullEugene F.  
infant of H. A. Hill

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	—	Months	Week
1905	Aug	7	Age	—	—	7
Sex	Male	Color or Race	White	Birthplace	Baltimore	
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	—		Name of Wife or Husband	—		
Father's Name	H. A. Hill			Father's Birthplace	W. Va	
Mother's Maiden Name	Amelia E. Welsh			Mother's Birthplace	W. Va	
Name of person giving information	Ma Hill			How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

15V

How long

Bwak

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

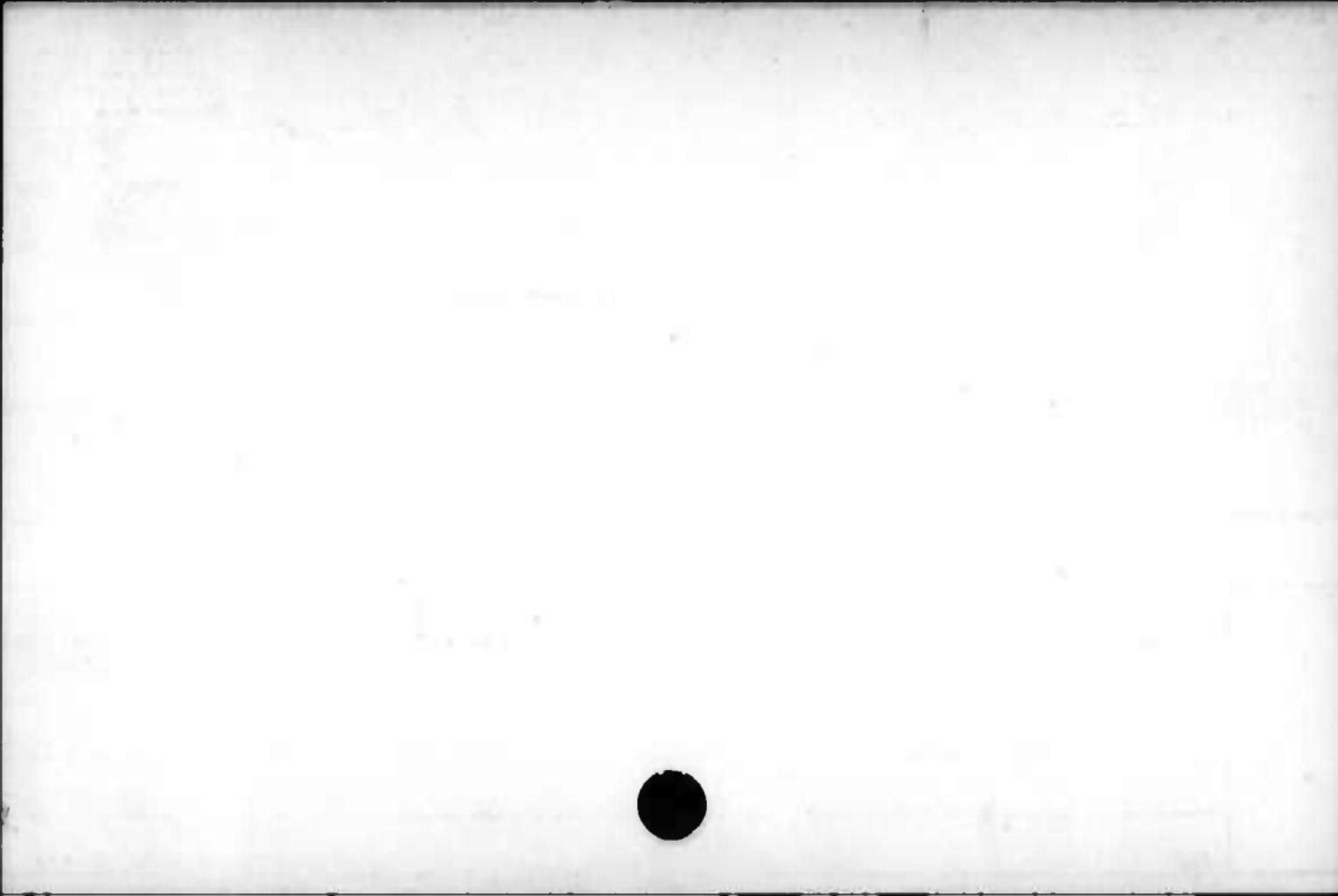
Signature of Physician

Address

Dr G G Baskdall

Gt City  
Dr Baskdall.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Clarence Fredrick Hite				CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND
Date of death	1905	Month aug	Day 15	Years	Months 2
Sex	Male	Color or Race	White	Birth-place	Council
Occupation	Where Residing if not at place of death				-
Married, Single or Widowed	Name of Wife or Husband				-
Father's Name	J. J. Hite				Father's Birthplace Council
Mother's Maiden Name	Louisa Wright				Mother's Birthplace Council
Name of person giving information	Louisa Wright				How related to deceased Sister

CAUSES OF DEATH

Primary

Convulsions

How long

24 hrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

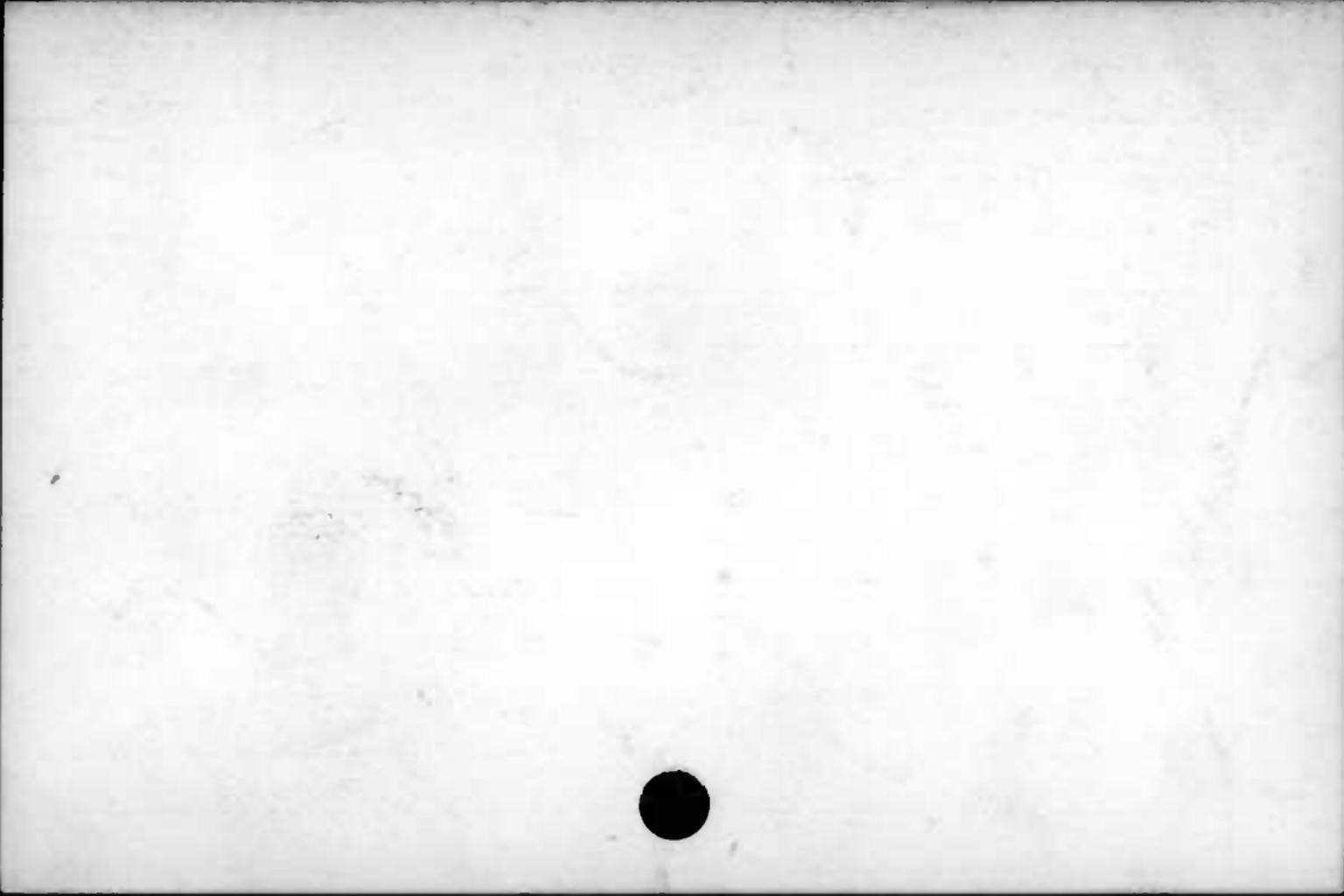
yes

Signature of Physician

Address

Dr. J. J. Wilson  
Council

Accident or Suicide?



Name  
in  
Full

Rudolph Hite.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Aug	5	Age	8	—
Sex	Male	Color or Race	White	Birth-place	Child Valley
Occupation	—	Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	—
Father's Name	W. B. Hite	Mother's Maiden Name	Mary Grouden	Mother's Birthplace	—
Mother's Maiden Name	G. W. MacFarland	Name of person giving information	—	How related to deceased	—

CAUSES OF DEATH

Primary

Cholera Infantum.

(105)  
How long

Immediate

Chancroid

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

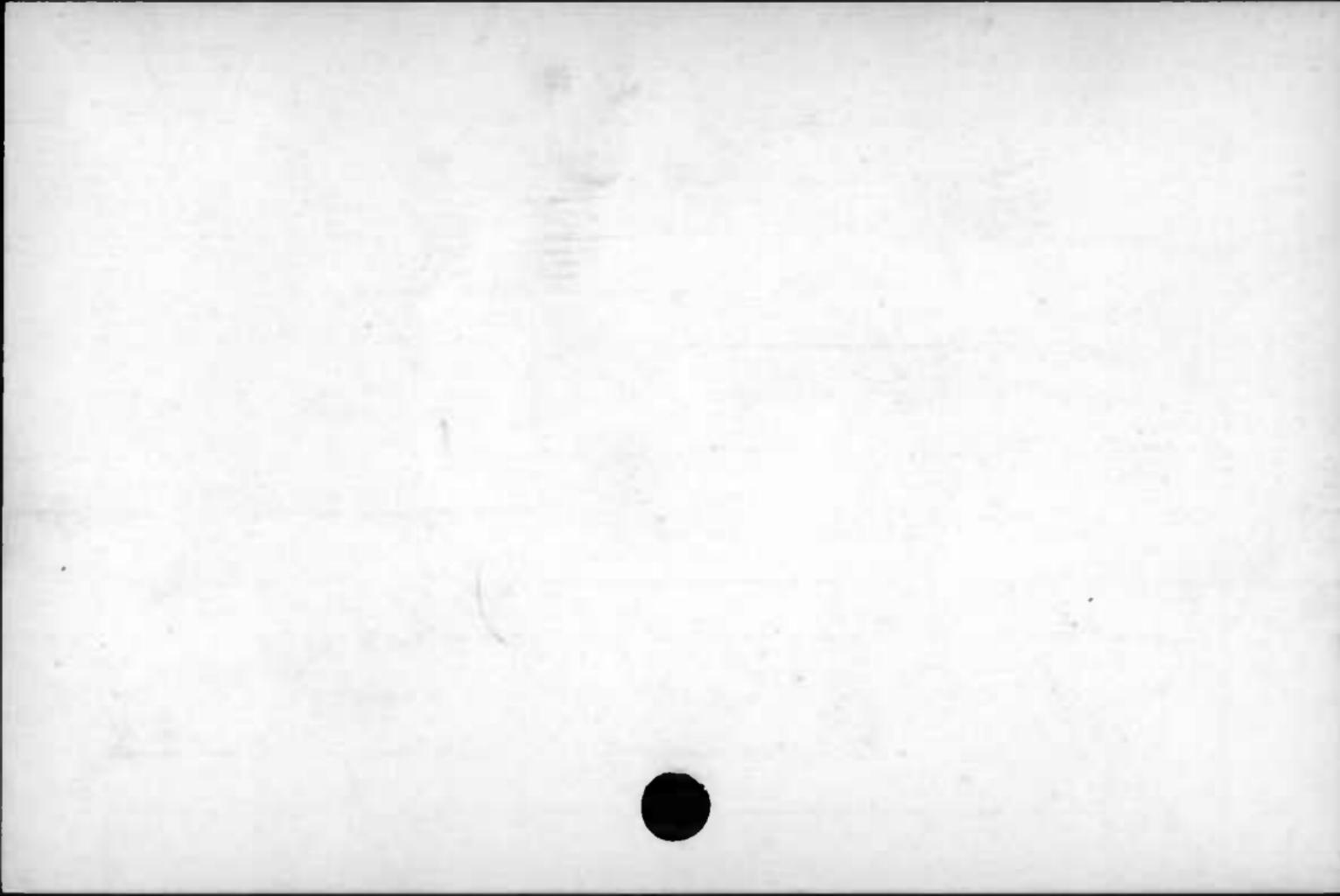
Address

Dr. Doyle

PHYSICIAN  
OR CORONER

Accident or Suicide?

Doyle



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife	Mary Schilling,			
Father's Name	William Hausemann			Father's Birthplace	Germany
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Mrs Mary Hausemann			How related to deceased	Wife.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

64

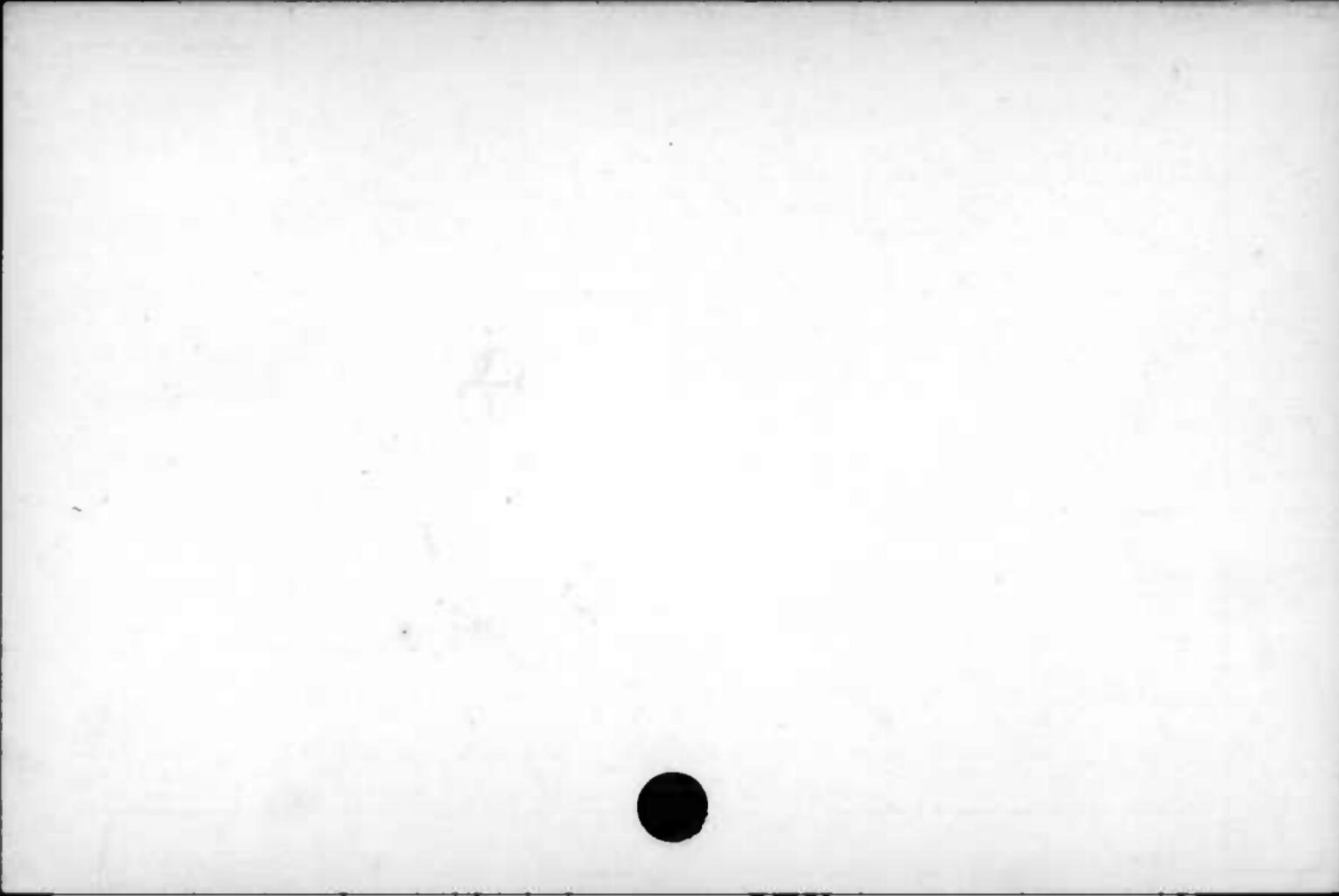
How long

How long

Signature of Physician

Address

Abscixy *yes* *E.W. Skilling*  
*sustained*  
Drowning.



Name  
in  
Full

Charles Hembertson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sonacomicie		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1905	Aug	24	27			
Sex	Male	Color or Race	White	Birth-place	Frostburg	
Occupation	Miner		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Giles	Father's Birthplace	Allegany Co -	
Father's Name	Howard Hembertson			Mother's Birthplace	Allegany Co -	
Mother's Maiden Name	Mary Elizabeth Burton			Name of person giving information	Brother	
	William Hembertson			How related to deceased		

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary

Hilltop R Road

165

How long

Immediate

Run over by train

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

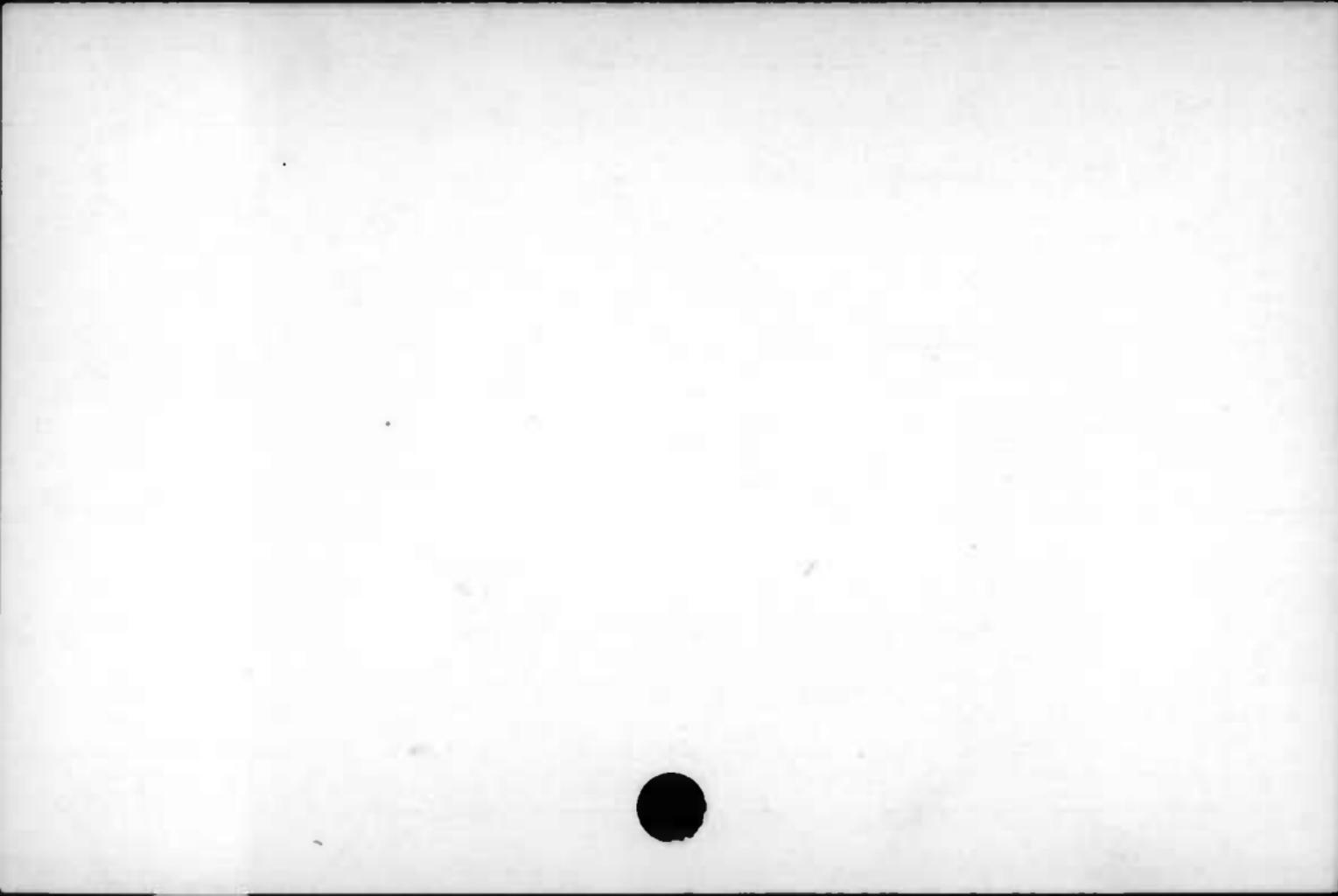
J. J. Murphy, M.D.

Address

Sonacomicie, Md  
acting Coroner

Accident?

Accident



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Miscarriage 4 $\frac{1}{2}$  Mo

Town

Holston  
County  
allegany

CERTIFICATE OF DEATH

MARYLAND

Died at St Cumberland

Date of death 1905 Month Augt Day 17

Years — Months — Days

Age — Sex Male Color or Race white

Birth-place

— —

St Cumberland,

Occupation —

Where Residing if not  
at place of death —

Married, Single  
or Widowed —

Name of Wife or  
Husband —

Father's  
Name

J.W. Wilson

8

Father's  
Birthplace

Md

Mother's  
Maiden Name

Susan Reed

Md

Name of person giving  
Information

Mother

Mother

Mother's  
Birthplace

How related  
to deceased

CAUSES OF DEATH

Primary

Miscarriage af 4 $\frac{1}{2}$  Mo

How long

Immediate

Cause unknown

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

G. L. Broadfoot M.D.  
Cumberland Md.

Accident or Suicide?



Name  
in  
Full

Francis Jack

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	8	21	Age	4	
Sex	X	Color or Race	91	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Jack		Father's Birthplace		
Mother's Maiden Name	Bridget Rafferty		Mother's Birthplace		
Name of person giving Information	William Jack		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus	
Immediate	6 wks	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	D. W. Lane
	Address	Frederick, Md.
Accident or Suicide?		

Som  
Court

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Wilford Taylor Jackson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Where Residing if not at place of death	Birth-place	
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	
Father's Name	Edward Jackson			Mother's Birthplace	
Mother's Maiden Name	Georgeann Taylor			How related to deceased	
Name of person giving information	Jane Taylor			Grandmother	

CAUSES OF DEATH

Cholera Infantum  
extansio[n]

105

How long

8 weeks

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

LOUIS STEIN.

Signature of Physician

Address

Dr. W.B. Hodges

City

Hodges

Accident or Suicide?



Name  
in  
Full

Temple Estaline Jenkins

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

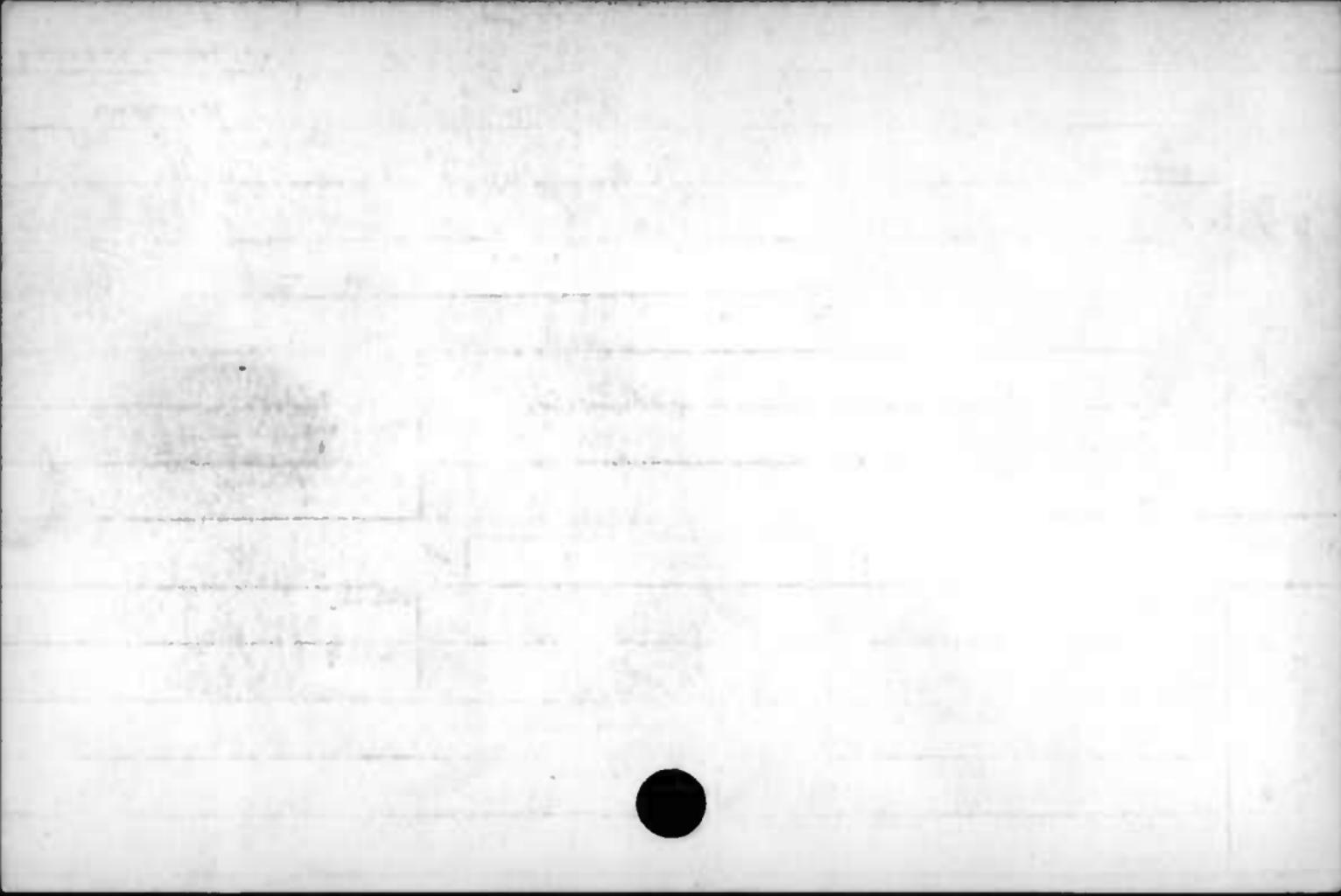
Town Died at	Cumberland		County allegany	MARYLAND	
Date of death	Month 1905	Day august 6	Years	Months	Days
Sex Female	Color or Race	Age	still Born		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry C. Jenkins S.		Father's Birthplace	Dra.	
Mother's Maiden Name	Mamie Brooks.		Mother's Birthplace	Lexington Md.	
Name of person giving Information	Mother		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Injury In Utero S.	How long	2 Weeks
Immediate	Still Birth	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Tharpdell
		Address	Cumberland Md.

Accident or Suicide?



Name  
in  
Full

Dan Kean

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	98			
Occupation	Laborer		Where Residing if not at place of death		Ireland		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Kean				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Patrick Kean				How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Advanced age	(92)	How long
	Immediate	Broncho-pneumonia		How long
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.W. Jackson
			Address	Cumberland Md Foghtman.
	Accident or Suicide?			

W Centre St.

Name  
in  
Full

Mrs Mary Reek

8/1/1

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel Reek			
Father's Name	Greenville Minotola			Father's Birthplace	Gwinnett
Mother's Maiden Name	Mary McDaniel			Mother's Birthplace	Connassaw
Name of person giving information	G. H. Miller			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

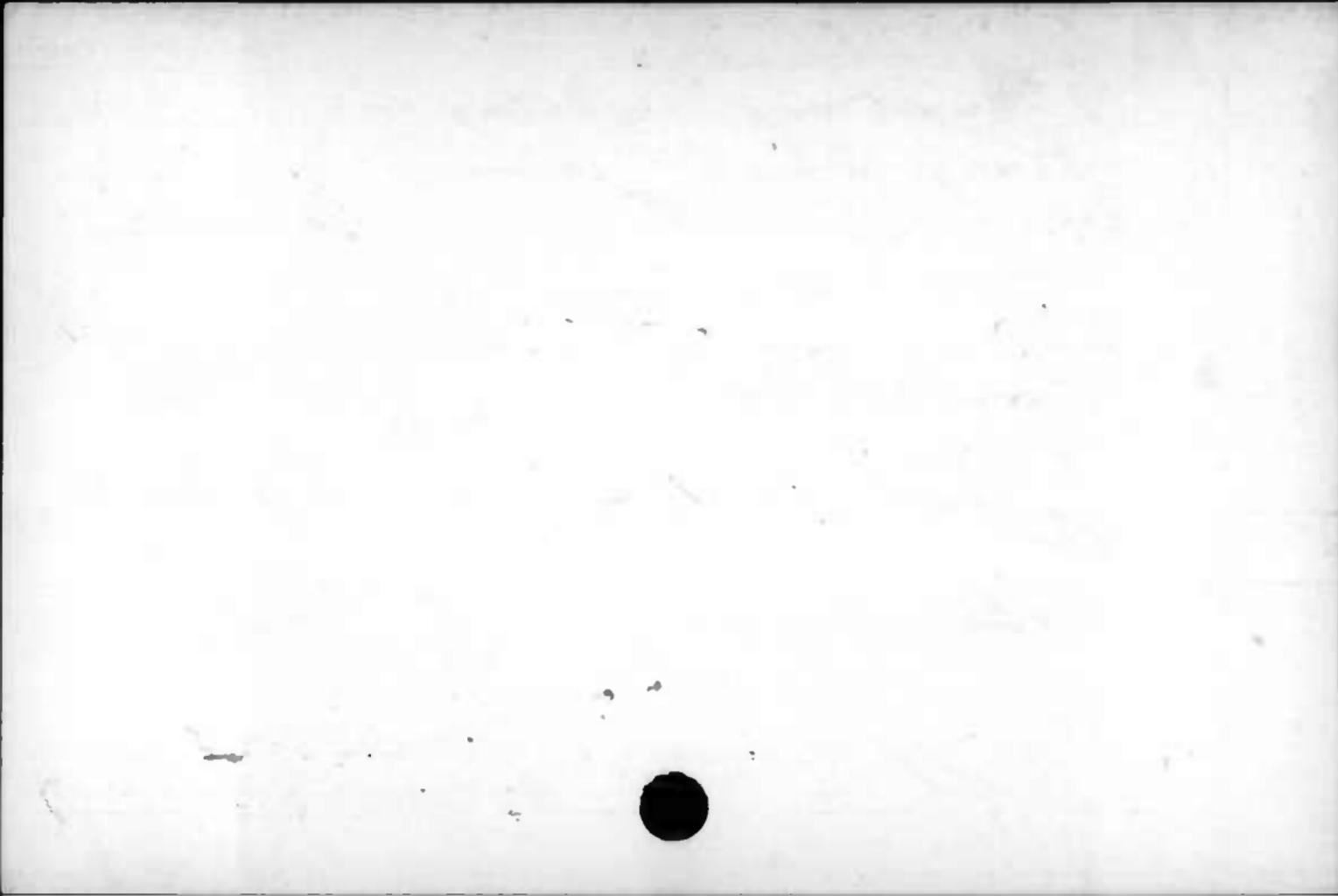
Address

Dennis O'Neal

Cumberland Md

Accident or Suicide?

Accident



Name  
in  
Full

John Kellus Kellus

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of 1903 Aug 22				4	2
Sex	Color or Race	Age	Birth-place		
M	W		Frostburg		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
—	—				
Father's Name	Father's Birthplace				
John Kellus	Salonia				
Mother's Maiden Name	Mother's Birthplace				
Magie Gouralski	America				
Name of person giving Information	How related to deceased				
John Kellus	Mother				

CAUSES OF DEATH

Primary

Cholera Infantum 1031 Frostburg

Immediate

" "

How long

1031

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Griffith

Frostburg Md

Accident or Suicide?

Postmuseum & Ural 6

Name  
in  
Full

Mary Tully Case 8/11/II

(Continued on back)

CERTIFICATE OF DEATH

To BE ANSWERED BY

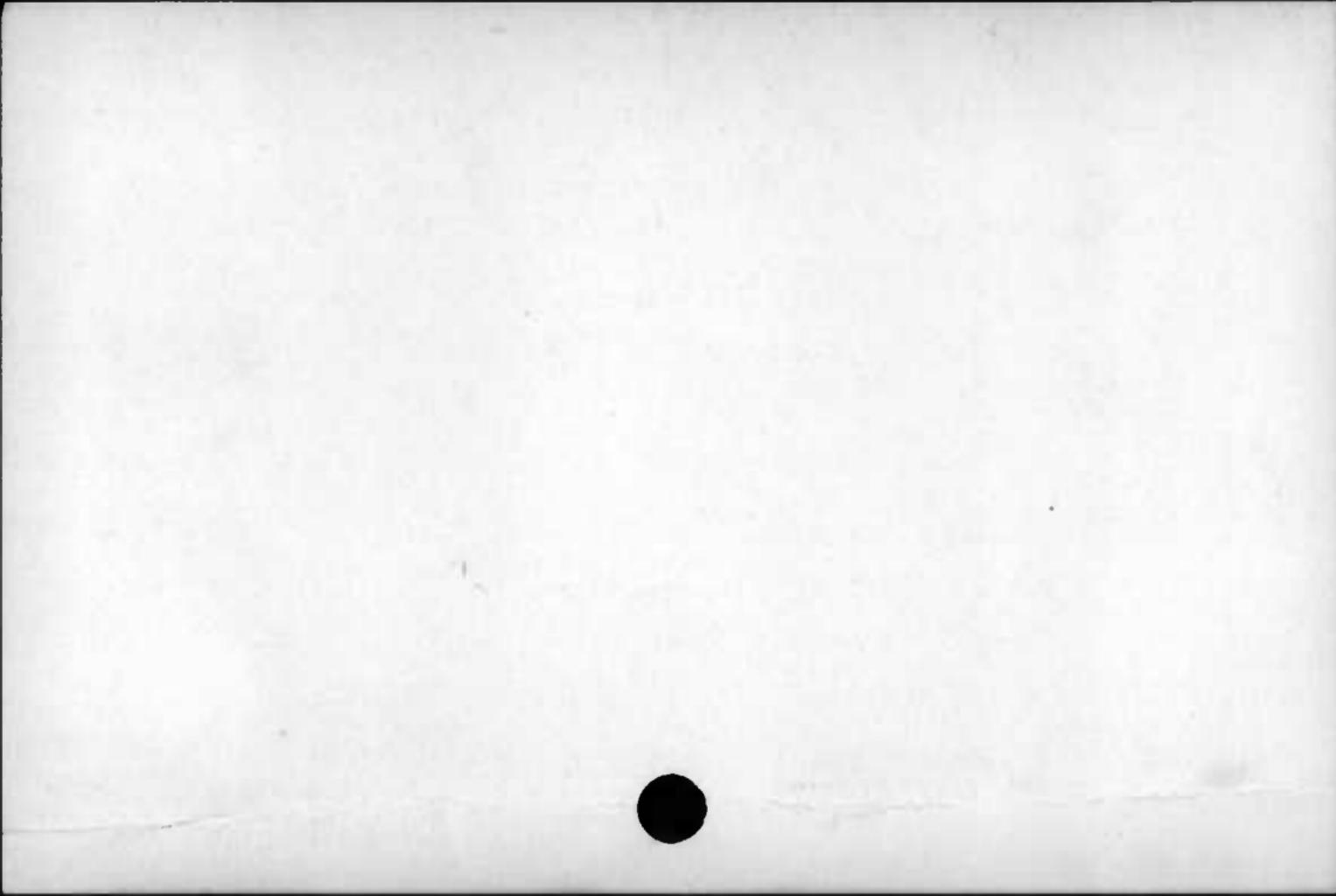
NEAREST FRIEND

Town	County	MARYLAND		
Died at Lang	Allegany	Days	7	
Date of death 1905 Aug	Month 2	Year 62	Months 2	Days
Sex Female	Color or Race White	Birth-place Cumberland		
Occupation acid prostrikers	Where Residing if not at place of death Lang, Allegany Co.			
Married, Single or Widowed Single	Name of Wife or Husband —	Father's Name	Da.	
Father's Name Jannet Tully		Father's Birthplace		
Mother's Maiden Name Hannah Stappier	✓	Mother's Birthplace Rawlings Md	Sister	
Name of person giving information Sarah Tully	✓	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Polritis	How long 18 mos
Immediate General exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R.W. Wiley.
	Address Cumberland Md
Accident or Suicide?	



Name  
in  
Full

Henry & Ruth Luman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Levode</u> own town	County <u>Anne Arundel</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>8</u>	Day <u>24</u>	Age <u>54</u>	Years	Months Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Levode</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Henry &amp; Ruth Luman</u>	Father's Name <u>Bernard Kuchtman</u>	Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <u>G. S. Dalem</u>			How related to deceased		

CAUSES OF DEATH

Physician  
OR CORONER

Primary	<input checked="" type="checkbox"/> <u>29</u>	How long
Immediate <u>Heart trouble</u>	<input type="checkbox"/> <u>29</u>	How long

Are the name, age, sex, color, date and place correctly given above?

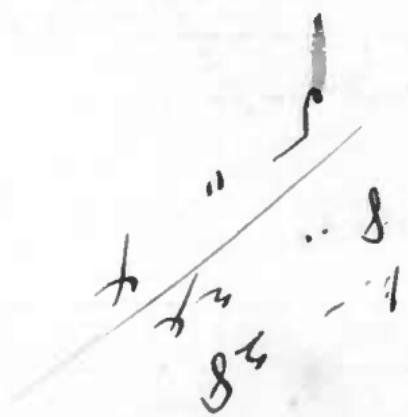
Signature of Physician

Address

Dennis E V Neal coroner  
Baltimore 11 B

Accident or Suicide?

100177



Name  
in  
Full

Cleavland Chester Lease

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month August	Years	Months Two	Days 24	
Sex	Male	Color or Race	White	Birth-place	Pinto
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	Frederick W. Lease			Father's Birthplace	West Va
Mother's Maiden Name	Minnie Lease			Mother's Birthplace	" "
Name of person giving Information	Nannie Lease			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Whooping Cough (8) How long two weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

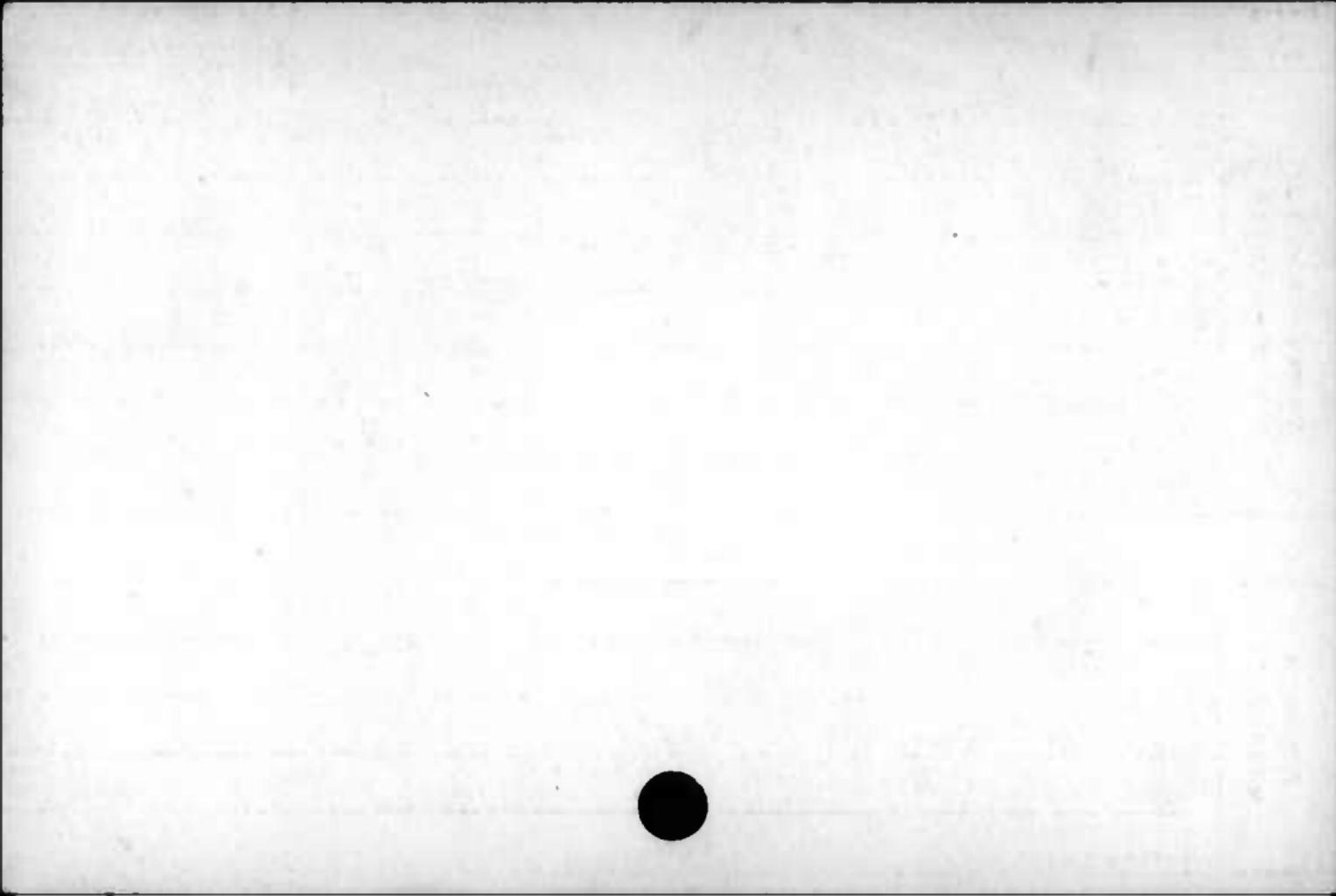
Signature of Physician

yes

Address

Dr. Sandy  
Edward Crusafont Boston

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Mary Lee

CERTIFICATE OF DEATH

Died at <u>Bethesda</u> , Town		County <u>Allegany</u>		MARYLAND	
Date <u>Aug 1</u> of death	Month	Day <u>31</u>	Years <u>63</u>	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Iceland</u>			
Occupation <u>retired</u>	Where Residing if not at place of death <u>Bethesda</u>				
Married, Single or Widowed <u>Divorced</u>	Name of Wife or Husband <u>Morgan Lanley</u>				
Father's Name <u>John Morgan Lanley</u>	Father's Birthplace <u>Iceland</u>				
Mother's Maiden Name <u>Mary</u>	Mother's Birthplace <u>Iceland</u>				
Name of person giving Information <u>Polypharmacy</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

Bronchitis

How long

2 years

Immediate

Exanthem

(9)

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

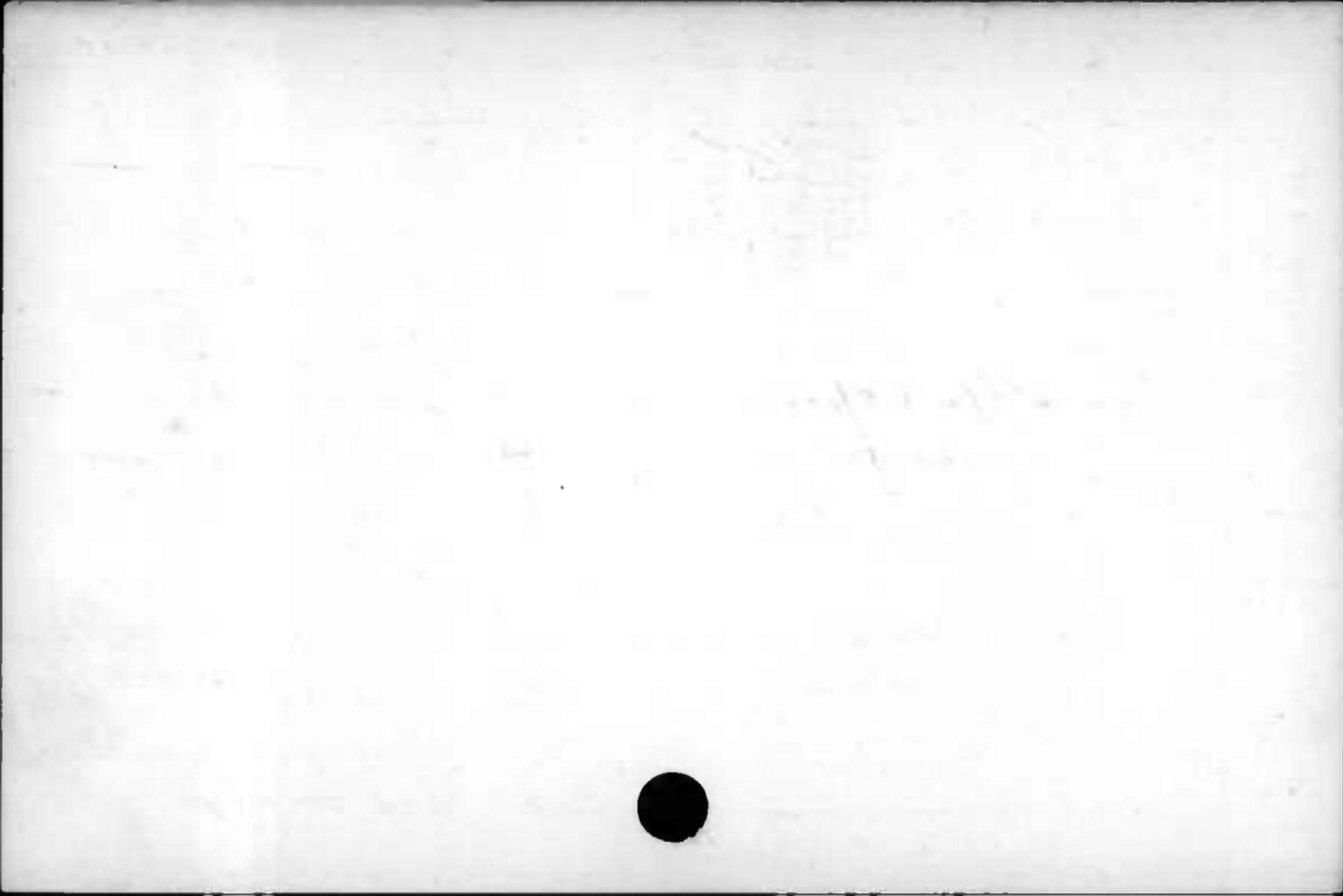
Yes

Signature of Physician

Address

J. B. Shupe  
West Bethesda  
MD

Accident or Suicide?

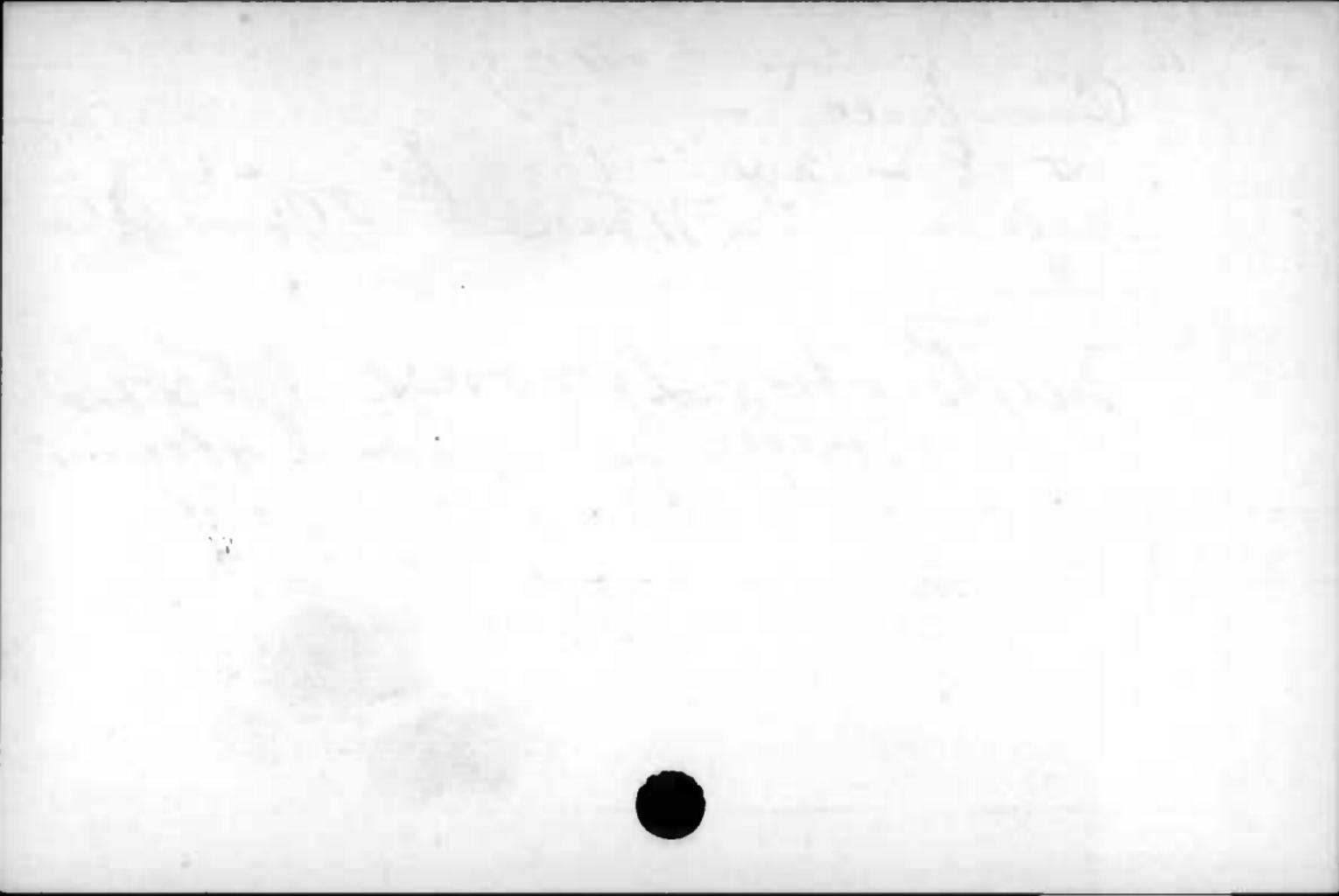


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jules. Callans Leroux -				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days	
1905	8	24	Born	Aug 28	0	0	
Sex	Male	Color or Race	White	Birth place	Baltimore		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Gayerton Leron			Father's Birthplace	Baltimore		
Mother's Maiden Name	Surpice			Mother's Birthplace	O'Hallor		
Name of person giving information	D.P.			How related to deceased	Sister		
CAUSES OF DEATH							
Primary	Oedema Infarction			How long	7 WEEKS-		
Immediate	Ex haemorrhage			How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Geo Lleander		
				Address	Baltimore Maryland		
Accident or Suicide?							



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jacob Lindemann

CERTIFICATE OF DEATH

Died at Baltimore

County Maryland

MARYLAND

Date of death 1905 Month Aug Day 10 Age 83 Years 83 Months 4 Days 4

Sex Male

Color or Race White

Birthplace Germany

Occupation Gardener

Where Residing if not  
at place of death

Narrow Park

Married, Single  
or Widowed Widowed

Name of Wife or  
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving  
Information

How related  
to deceased

Jacob Gendark

CAUSES OF DEATH

Primary

cholecystitis

114

How long

month

Immediate

Cholera

How long

Are the name, age, sex, color, date  
and place correctly given above?

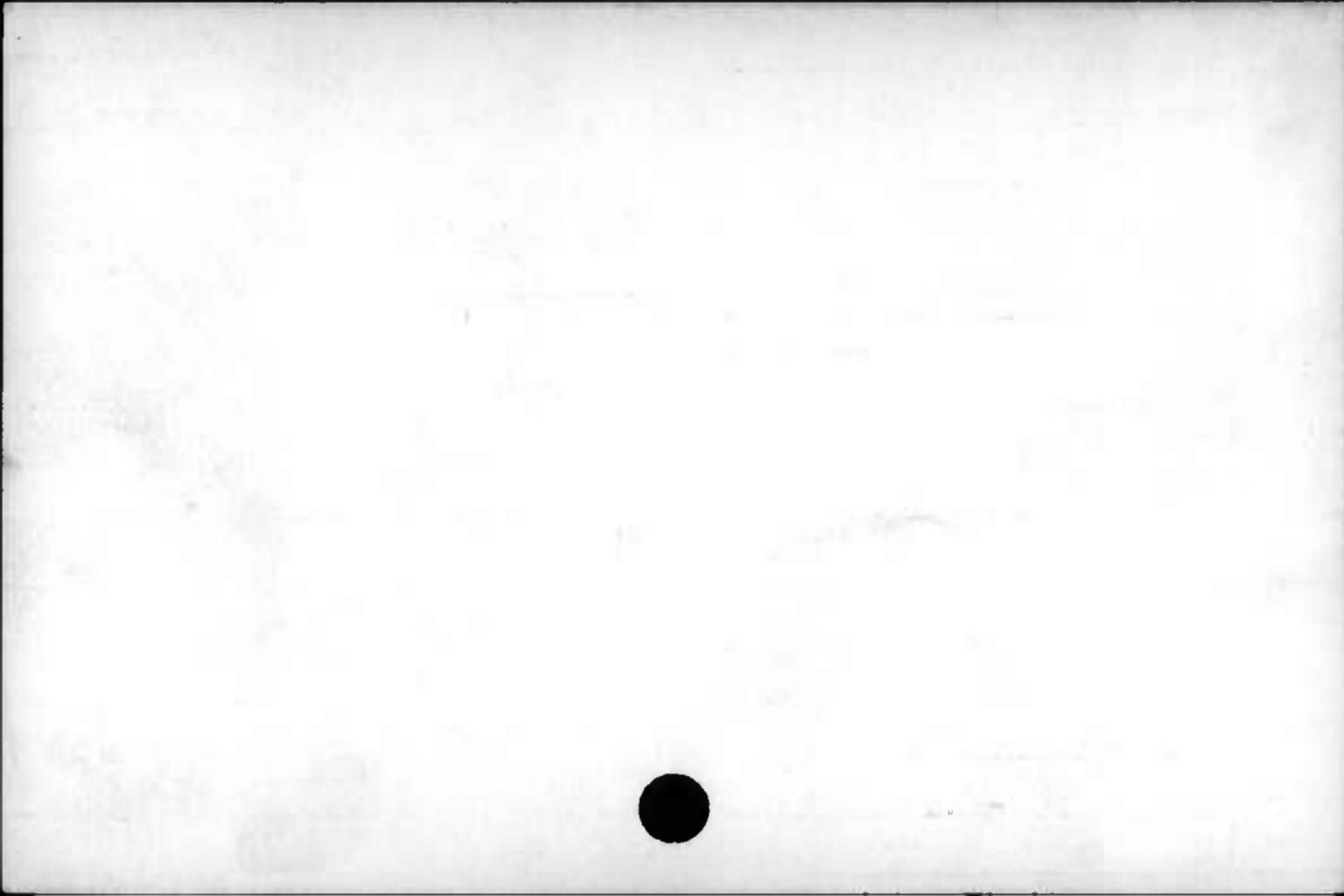
Yes

Signature of  
Physician

Address

J.W. Jacobson  
Baltimore MD

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Robert James Linderman				CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	aug	9	3	3	4	
Sex	male	Color or Race	White	Birthplace	Concord	
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Wife or Husband					-
Father's Name	Conrad Linderman					Father's Birthplace Concord
Mother's Maiden Name	Melissa Braun					Mother's Birthplace "
Name of person giving Information	Conrad Linderman					How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Access of Gang  
exhaustion

(99) ✓

How long

8 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

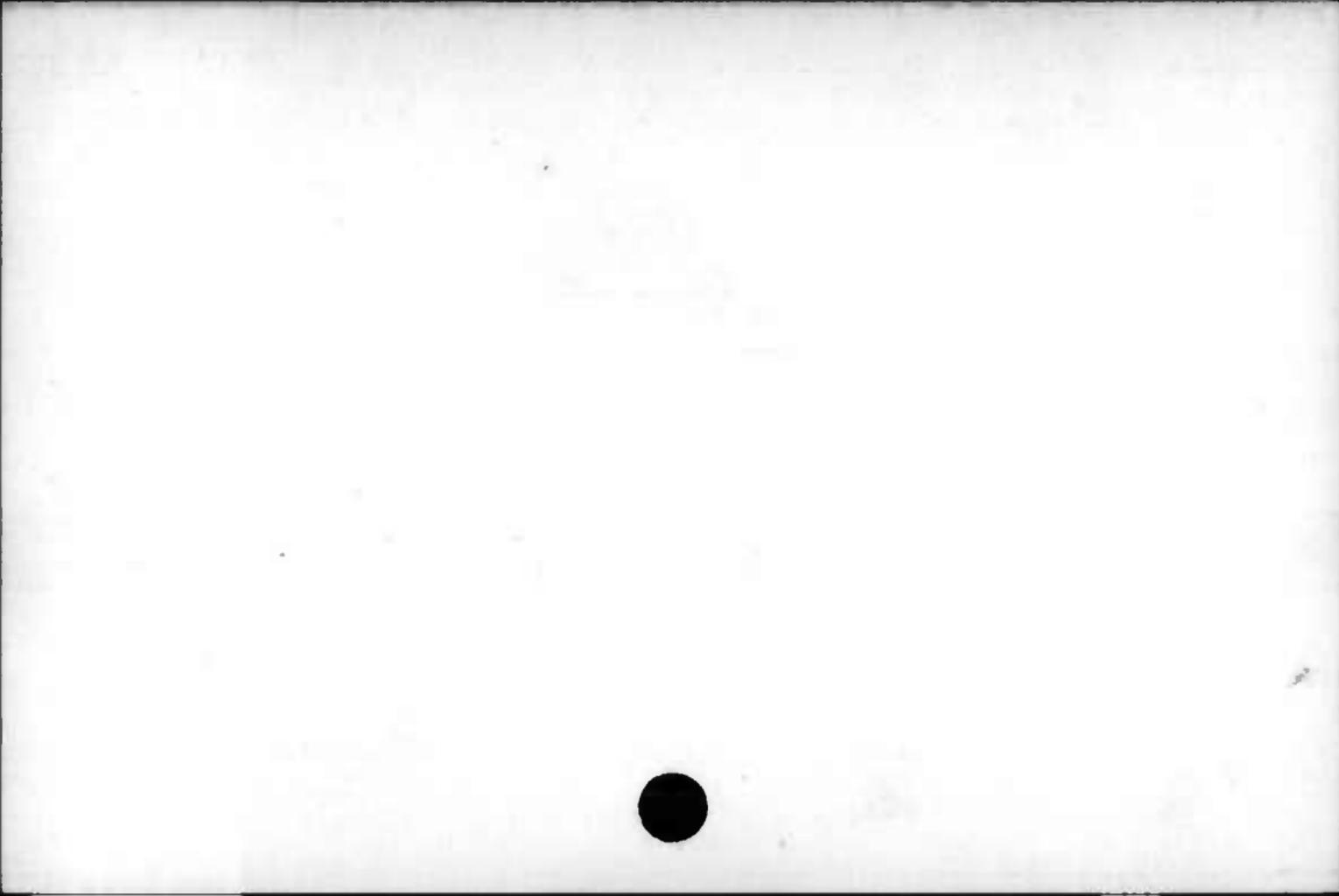
G. G. Barkdoll

Address

Baltimore

Louis Stein

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Francisco Lisante

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Curved	Allegany				
Date of death	Month	Day	Years	Months	Days
1905 Aug	12		2		
Sex	Color or Race	Occupation	Birth-place		
Male	Italian		Curved		
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Francisco Lisante	Father's Birthplace	Italy		
Mother's Maiden Name	Giovanna Fragala	Mother's Birthplace			
Name of person giving Information	Francisco Lisante	How related to deceased	Father		

CAUSES OF DEATH

Primary

Marasens



How long

3 m

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. B. Claybrooke  
Austin  
Chincoteague

9 M.

Accident or Suicide?

33 Roberts St.

Name  
in  
Full

William F. Newellynn

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Moscow Mills	Town	Belair	County	MARYLAND	
Date of death	1905	Month Aug	Day 1	Years —	Months 5-	Days —
Sex	Male	Color or Race	White	Birth-place	Moscow Mills	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Frank Newellynn			Father's Birthplace	Ocean	
Mother's Maiden Name	Ada Maye			Mother's Birthplace	Bastrop	
Name of person giving information	Frank Newellynn			How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera - infantum

How long

Pneumonia

Immediate

Inflammation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Kilby M.D.  
Practicing

220

Accident or Suicide?



Name  
in  
Full

Patrick Lynch

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lynch			Father's Birthplace	Ireland
Mother's Maiden Name				Mother's Birthplace	Ireland
Name of person giving information				How related to deceased	None

1905 Aug 9 42 — —

W Ireland

Saloon keeper

John H. Morgan

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Int. Mphritis	(120)	How long	Several months
Immediate	Heart failure		How long	few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Griffith	
Yes		Address	Franklin Ind	
Accident or Suicide?				



Name  
in  
Full

Teresa Mc Grail

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
190	Aug	28	
Sex	Color or Race	Birth-place	
Female	White	Westminster Md	
Occupation	Where Residing if not at place of death		
Housewife			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Married	J. T. Mc Grail		
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	Husband
J T Mc Grail			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption



How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Thos. Korn

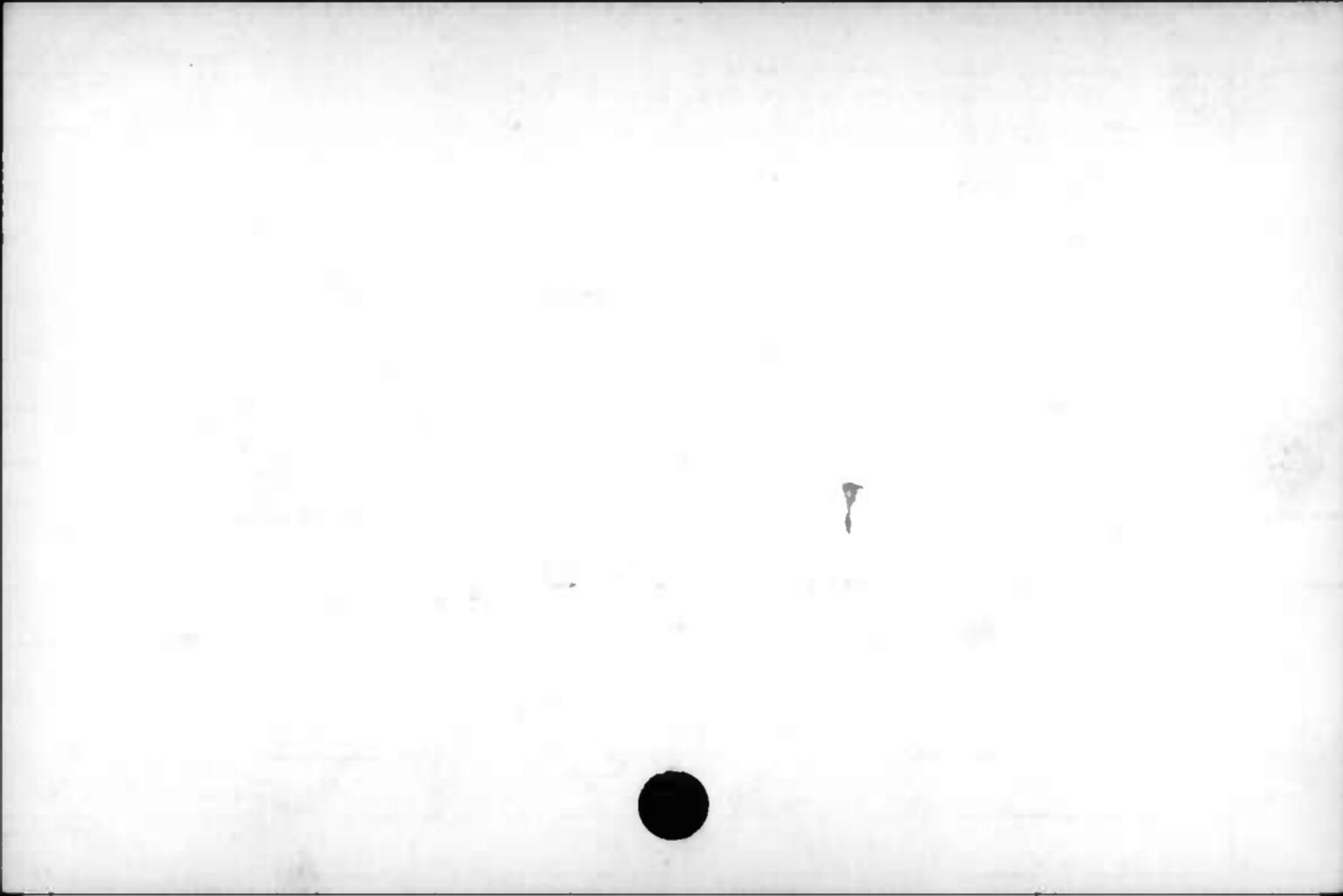
Bethesda

Pedimental

Primer Order  
Md.

Accident or Suicide?

No.



Name  
in  
Full

A. M. Muller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Year	Months Days
Sex	Male	Color or Race	white		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

*H. J. Muller*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

160

How long

Immediate

Killed at PK

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dennis O'Neal  
Cor -

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel W. Party

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Cumberland</u> Town		County <u>Allegany</u>			
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>21</u>	Years <u>56</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Tinner</u>	Where Residing if not at place of death <u>Cumberland</u>				
Married, <u>Single</u> <u>Widowed</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>—</u>	Father's Birthplace				
Mother's Maiden Name <u>—</u>	Mother's Birthplace				
Name of person giving information <u>Charles Party</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

Primary <u>Lill from Barn Roof</u>	How long
Immediate <u>Fractured skull &amp;事迹 brain</u>	How long <u>5 1/2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician
	Address <u>E. B. Leeaybore and Cumberland Md</u>
Accident or Suicide? <u>Accident</u>	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Henry Miffee Berger						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death	1905 Aug	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	White	Age	65	Birthplace	Oa.	
Occupation	Lumber Dealer		Where Residing if not at place of death		Maryland on Deer Island			
Married, Single or Widowed	Married		Name of Wife or Husband		—			
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accident

166

How long

Immediate

Immediate

Accidental

How long

Are the name, age, sex, color, date and place correctly given above?

yes

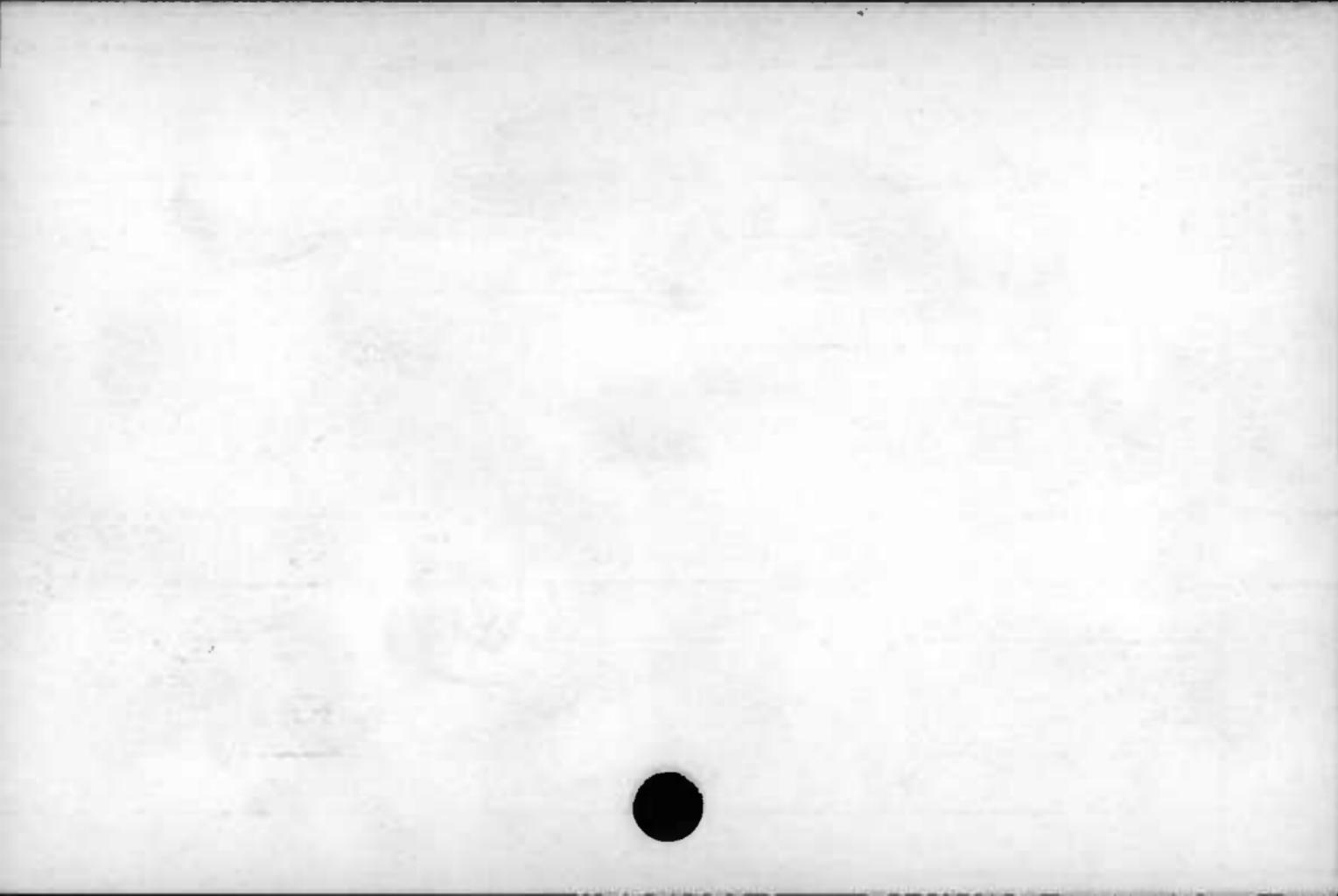
Signature of Physician

Address

J.W. Marshall  
Acting Coroner

Accident or Suicide?

Accident



Name  
in  
Full

Gertrude Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Edw Moore			
Father's Name	Henry Snyder				
Mother's Maiden Name	Maryaway				
Name of person giving information	Elizabeth Bennett				
How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer of Liver

How long  
40

1 yr

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

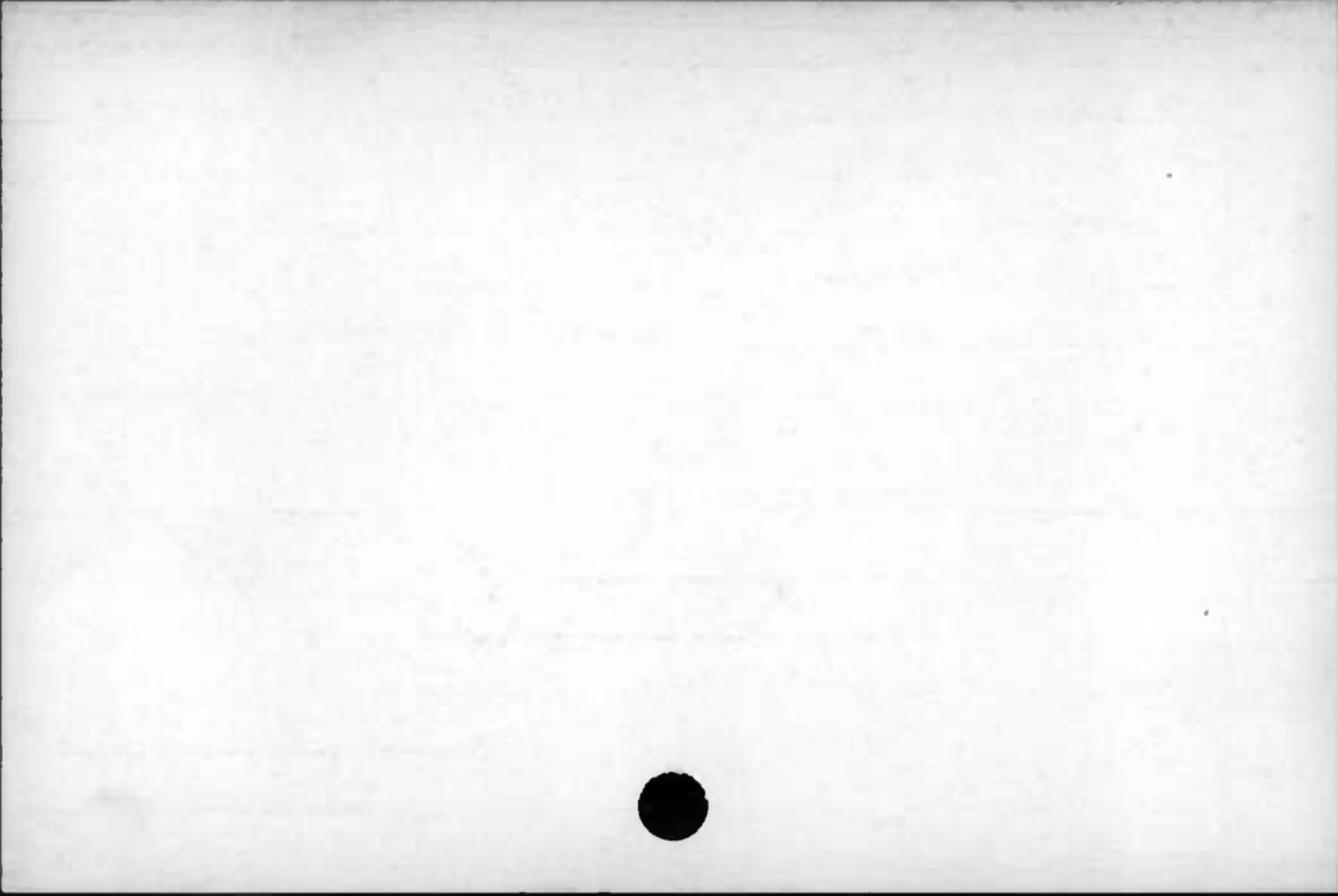
Signature of Physician

Address

Dr. L. Broadhurst  
Cumberland  
Md.

Accident or Suicide?





Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

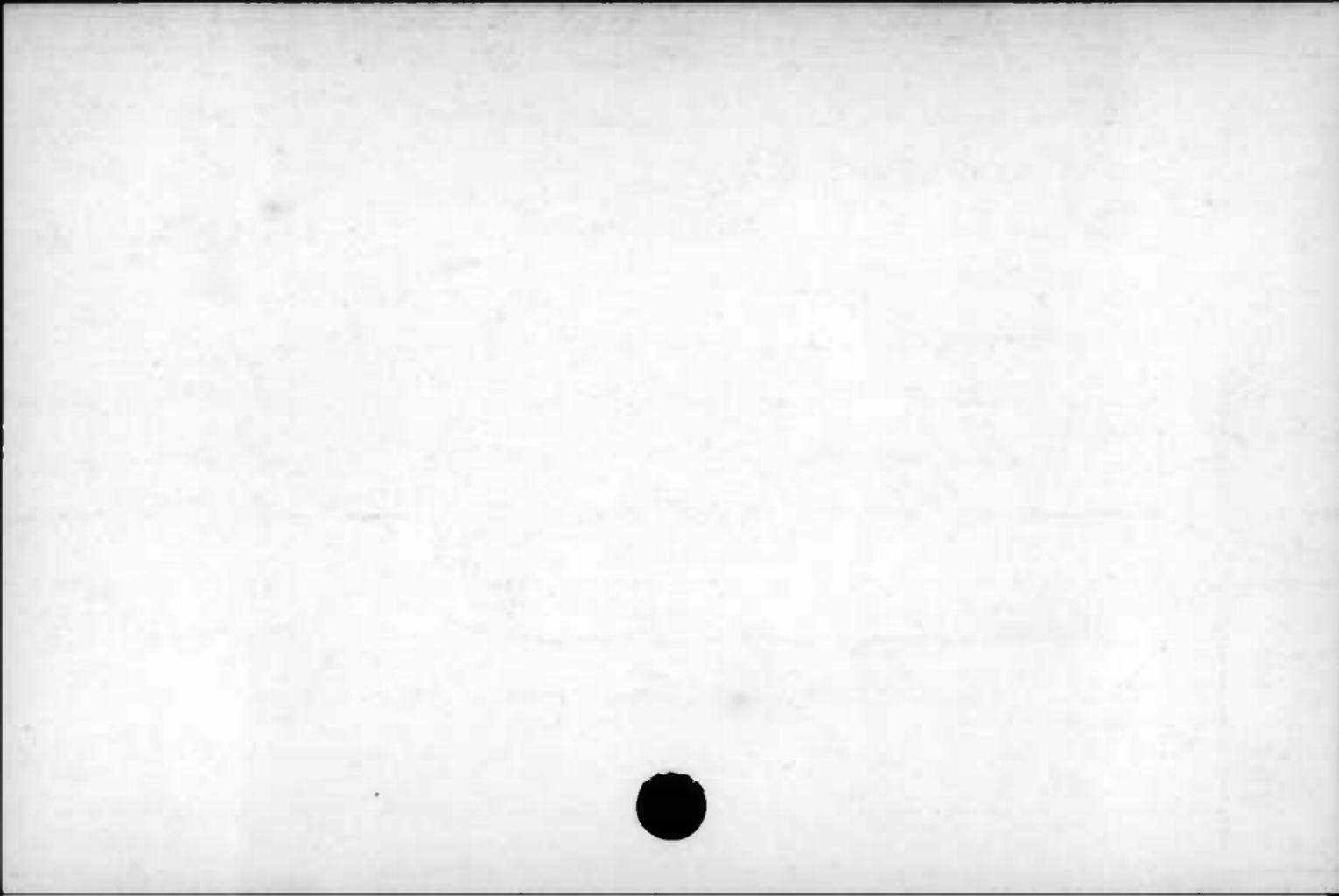
Thomas Morgan

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	87	3	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Ann Morgan			
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Son.				

CAUSES OF DEATH

Primary	Cancer	45	How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	Dr Thos. Kornay Gaffey
Accident or Suicide?		Cumberland Md.	



Name  
in  
Full

George B Parker

CERTIFICATE OF DEATH

Died at Baltimore Town

County

MARYLAND

Date of death 1905 Month

Day

Years

Days

May 27

Age —

— 14

Sex

Male

Color or Race

Cabred

Birthplace

Ind

Occupation

Where Residing if not  
at place of death

1. TO BE ANSWERED BY  
Married, Single  
or Widowed

Name of Wife or  
Husband

single

2. Father's Name

Geo Parker

Father's Birthplace

Va

3. Mother's Maiden Name

Eliza Gordon

Mother's Birthplace

Md

Name of person giving  
Information

Geo Parker

How related  
to deceased

Patterson

CAUSES OF DEATH

Primary

Obstruction of Bowels

100

How long

6 days

Immediate

exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr S Sparks

Address

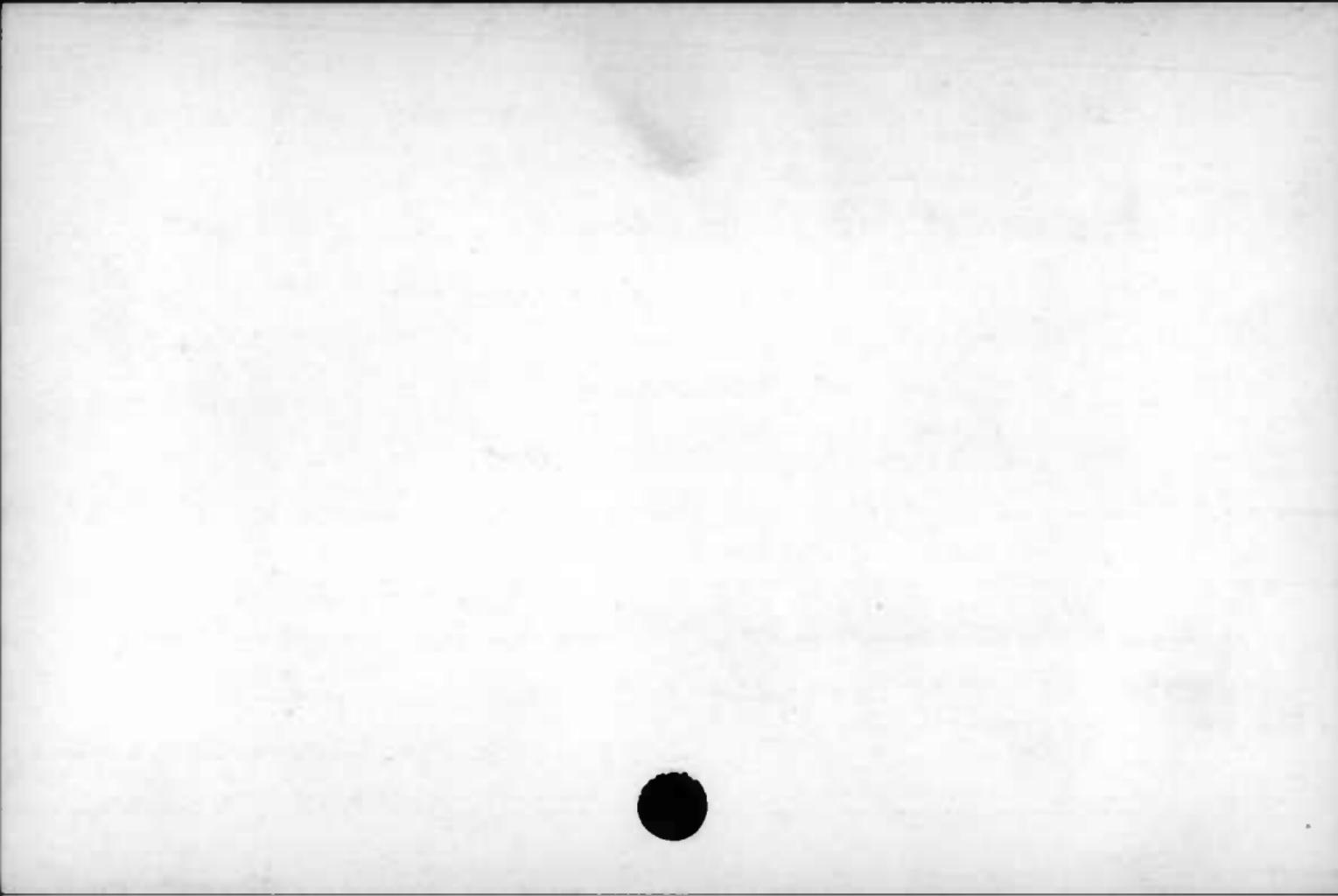
232 R

LOUIS STEIN.

City  
Sparks

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Andrew Patterson				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	8	8	about 60	-	-	
Sex	Male	Color or Race	col	Birth-place		
Occupation	waiter	Where Residing if not at place of death			at place of death	
Married, Single or Widowed	Name of Wife or Husband		Lucy Patterson			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			How related to deceased			
CAUSES OF DEATH						
Primary	Aortic Stenosis		How long			
Immediate	Heart Failure		How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			Address			
			J.W. Patterson 63 n. mechanic.			
Accident or Suicide?						

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas Bay  
Town  
Cumberland

CERTIFICATE OF DEATH

MARYLAND

Died at Ill Date of death 1905 May 18 Month Day Year Age 65 Months Days

Sex Male

Color or Race

White

Birthplace

unknown

Occupation

Where Residing if not  
at place of death

Hospital

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Inflammation  
& exhaustion

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

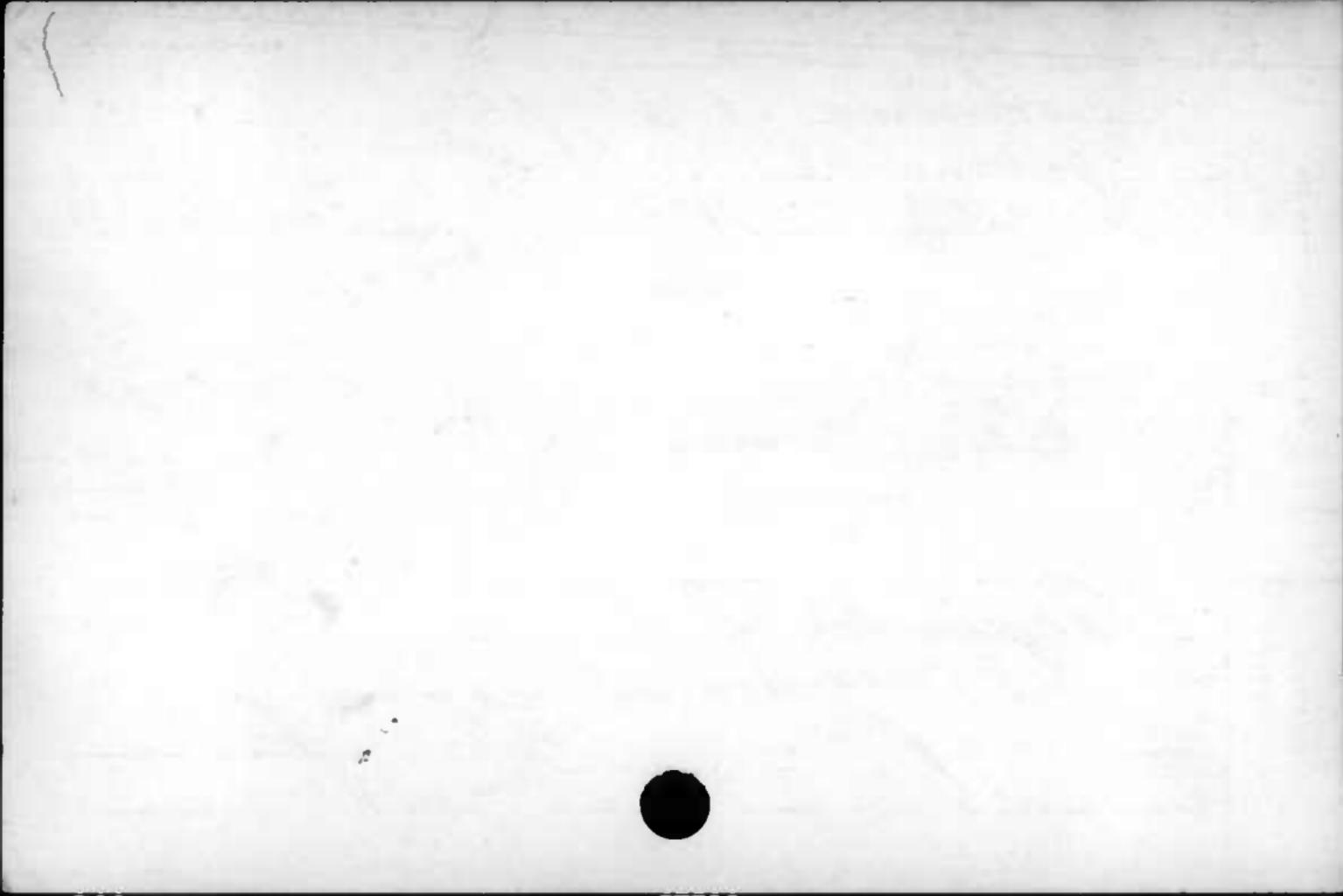
Signature of  
Physician

LOUIS STEIN.

Address

Wm F. Ewing  
City

Accident or Suicide?



Name  
in  
Full

Gladys Rees

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	5	-
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Frostburg Md			
Mother's Maiden Name	Ella Thomas			
Name of person giving Information	93			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Congestion of lungs		How long	2 days
Immediate	Pneumonia		How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	L. Goffelt
			Address	Frostburg
Accident or Suicide?				

Alleghany

Gm

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Mother's Name		
Father's Name	John Rhine		John Rhine	Mother's Birthplace		
Mother's Maiden Name	Annie B. Coughlin		Annie B. Coughlin	How related to deceased		
Name of person giving information	Relative		Relative		Relative	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Killed by cars

100

How long

Immediate

How long

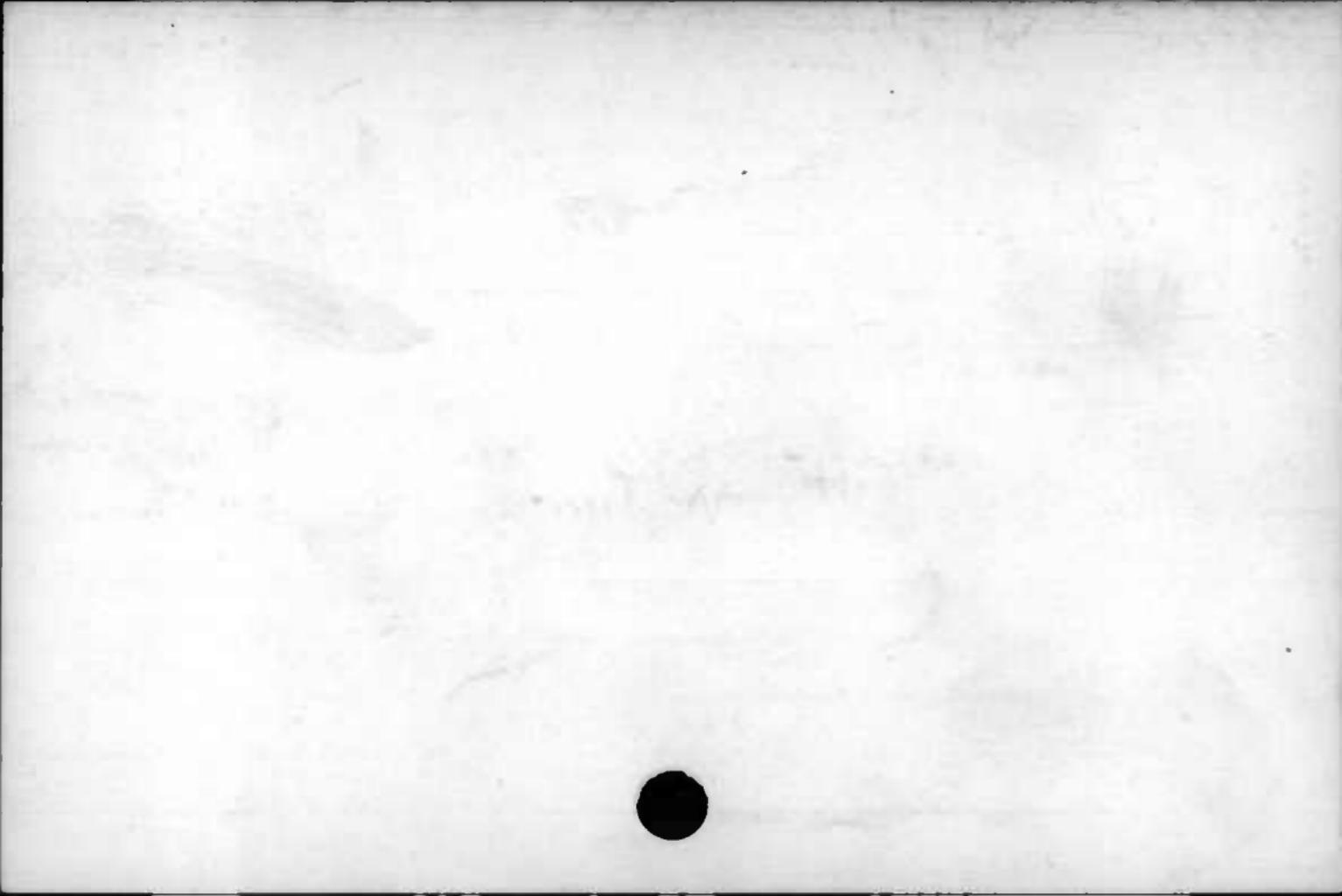
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Neugard Acting Coroner  
Cumberland Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at Gilman		Town	Allegany		County	MARYLAND	
Date of death	1905 Aug 3	Month Day	Age	13	Years	Months	Days
Sex	Male	Color or Race	White		Birth-place	Ligonier	
Occupation	School-boy	Where Residing if not at place of death			Ligonier		
Married, Single or Widowed	Single	Name of Wife or Husband	—			Father's Birthplace	Ligonier
Father's Name	George Riddlin	—			Mother's Birthplace	Midland	
Mother's Maiden Name	Matilda Linkins	—			How related to deceased	Mother	
Name of person giving information	Mr. George Riddlin	—					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Lead stove poisoning

13

3 days

Immediate

Convulsions

13

Six hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W.C. Skilling M.D.  
Ligonier.

Accident or Suicide?

Accident,



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
or CORONER

Margret Schilling

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date  
of death

Month

Day

Years

Months

Days

1905 Aug

24

Age

1

21

Sex

Female

Color or  
Race

White

Birth-  
place

Ma

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Wm

Father's  
Name

Father's  
Birthplace

Ma

Mother's  
Maiden Name

Mother's  
Birthplace

Ma

Name of person giving  
Information

How related  
to deceased

Daughter

Sylvester Schilling

Eda Weber

Sylvester Schilling

CAUSES OF DEATH

Primary

Malaria

15V

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

ji

Signature of  
Physician

Address

Dr G H Brane  
City

Accident or Suicide?



Name  
in  
Full

Clara Mabel Augusta Siffarto

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND		
Died at	Month	Day	Years	Months	Days	
Date of death 1905	8	26	Age 1	2		
Sex Female	Color or Race	Where Residing if not at place of death			Birthplace Hoffmeyer Ted.	
Occupation —						
Married, Single or Widowed —	Name of Wife or Husband —				Father's Birthplace	W.E. 1905
Father's Name Hy. Siffarto				Mother's Birthplace	W.E. 1905	
Mother's Maiden Name				Name of person giving information —	How related to deceased	—

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sealik fever ✓

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

How long



Address

George E. Siffarto  
Baltimore

Accident or Suicide?



Name  
in  
Full

Goldie Fay Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	—	5	10
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Emory F Shriver				
Mother's Maiden Name	Mortimer S. Michael				
Name of person giving information	Mother ✓				

W.Va.

W.Va.

How related to deceased

W.Va.

W.Va.

Sister

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Gastro-enteritis

105

How long

1 mo

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. L. Broadbent, M.D.  
Cumberland, Md.

Accident or Suicide?

Accident

~



Name  
in  
Full

Arthur Linneth Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Arthur T. Linneth	Father's Birthplace	Ad
Mother's Maiden Name	Hettie Jaffeev	Mother's Birthplace	Ad
Name of person giving Information	Arthur T. Linneth	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastritis -

How long

1 mo

Immediate

meningitis

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

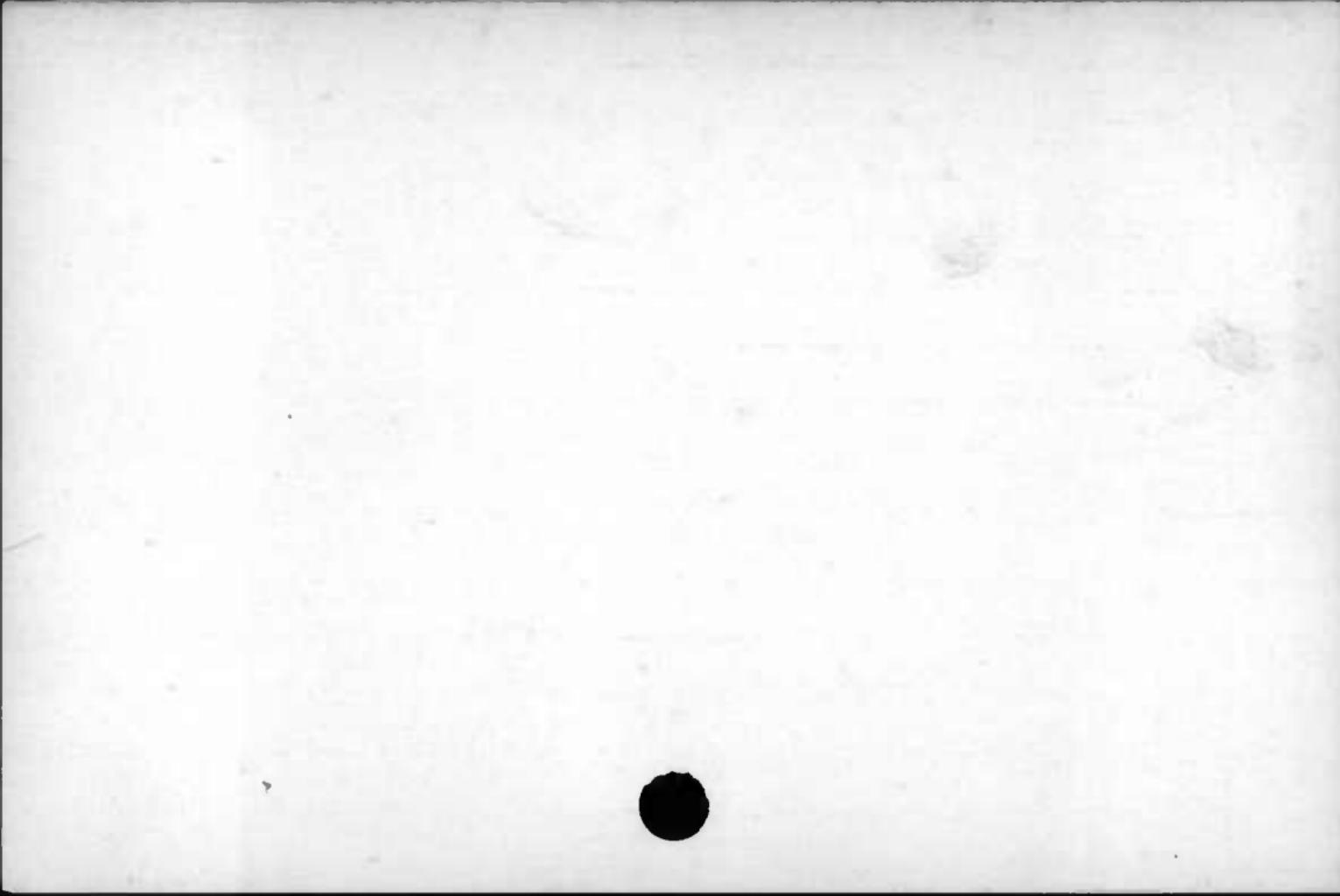
Signature of Physician

Address

105

J. McBrine  
Westbury Ad

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lucy Smith.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

190 Aug 7 .65 — —

Female White

Occupation \_\_\_\_\_

Single

Frank Beale

CAUSES OF DEATH

Primary

Paylasis  
Exhaustion

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

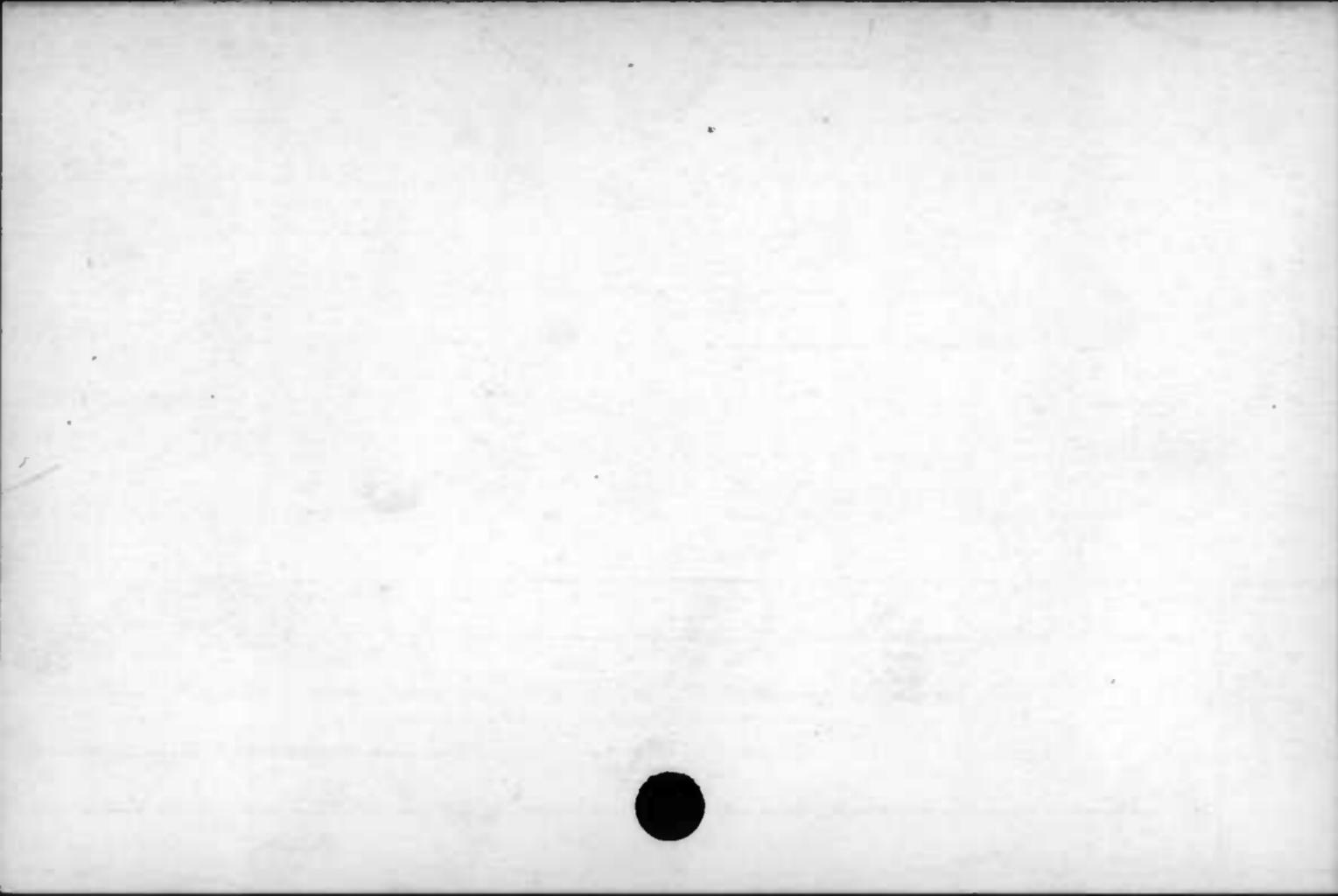
Wm P. Swigg

LOUIS STEIN.

Address

Clint

Accident or Suicide?



Name  
in  
Full

Henry Snyder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Cumberland		Town	County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
of death	1905 Augt	1	88	88	4	13
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Carpenter		Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband		—	—		
Father's Name	—		154	Father's Birthplace	—	
Mother's Maiden Name	—		—	Mother's Birthplace	—	
Name of person giving information	Henry Snyder		How related to deceased	Daughter-in-Law,		

CAUSES OF DEATH

Primary	Obility of age	How long	1 yr
Immediate	Exhaustion from Enteritis	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Broadway M.D.
		Address	Cumberland Md
Accident or Suicide?	W.		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Karl Snyder

8/1/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Died at	Cumberland	allegany	
Date of death	Month	Day	Years
1905	aug	13	Age 7
Sex	Color or Race	Birth-place	
Male	White	Cumberland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Henry Snyder Jr.	Father's Birthplace	Cumberland
Mother's Maiden Name	- Dred -	Mother's Birthplace	
Name of person giving Information	Henry Snyder	How related to deceased	Father

CAUSES OF DEATH

Primary	subject to spasm	How long <input checked="" type="checkbox"/> for life
Immediate	Spasms	How long <input type="checkbox"/>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
Accident or Suicide?	no Doctor	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

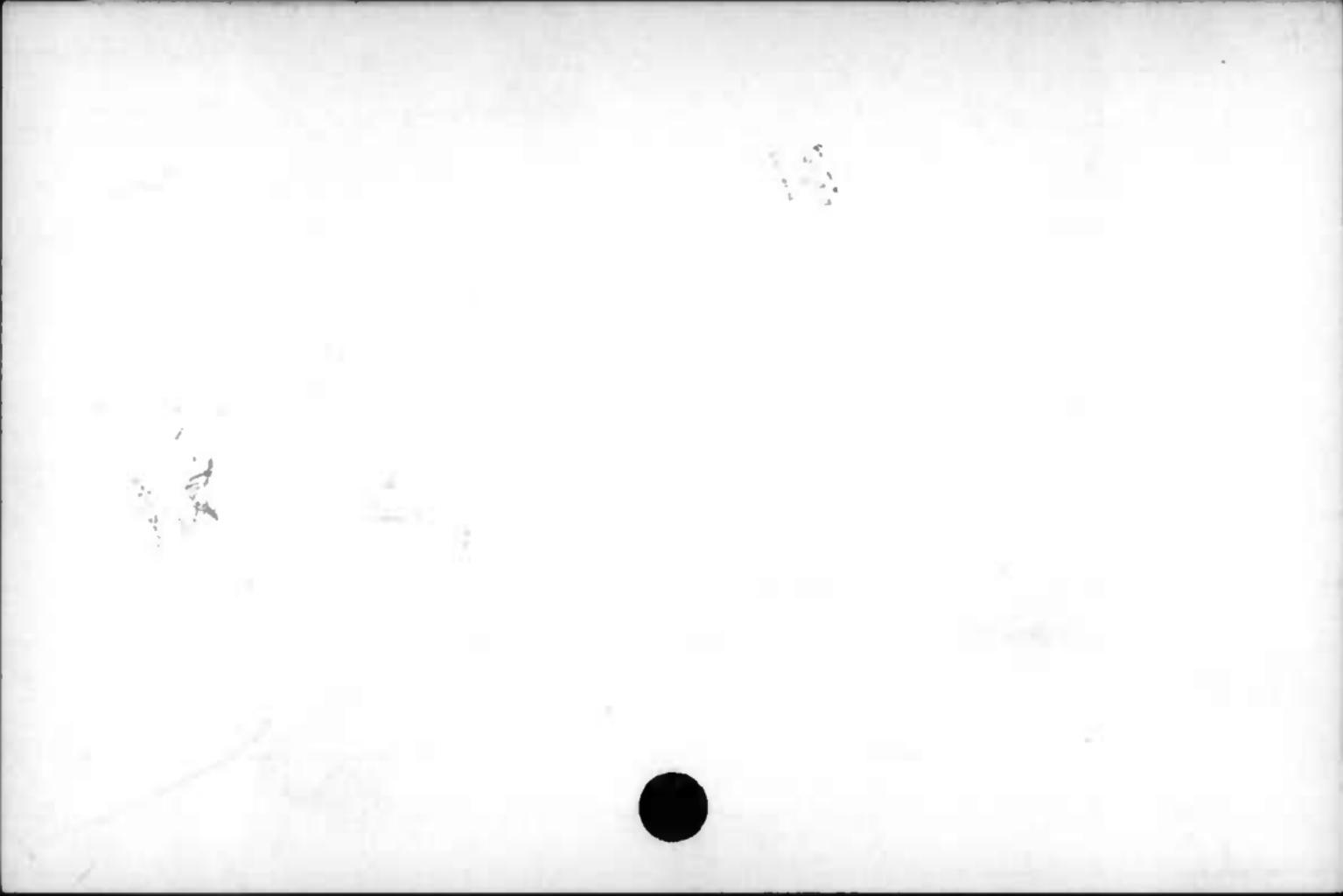
Elmar Stevens

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			~	
Married, Single or Widowed	Name of Wife or Husband				~
Father's Name	Henry Stevens				Father's Birthplace
Mother's Maiden Name	Ella Bruce				Mother's Birthplace
Name of person giving Information	Henry Stevens	(92)	W. Va		
How related to deceased Father					

CAUSES OF DEATH

Primary	Bronchitis Pneumonia	How long	9 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr S Sparks
Yes		Address	D Sparks
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Marguerite Lilian Stockman

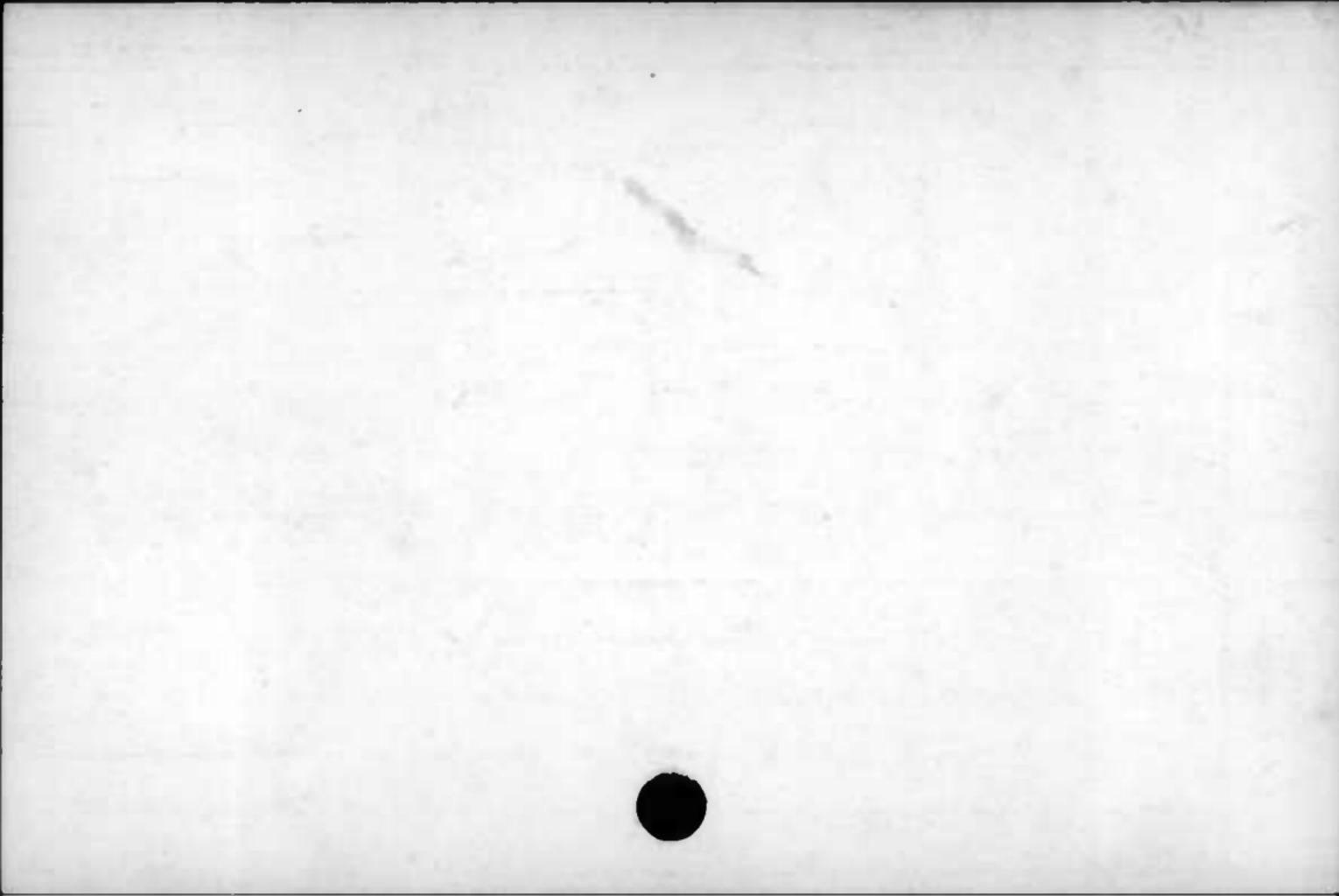
CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Baltimore	allegany		
Date of death	Month	Day	Years
1905	Aug	24	Age 4
Months			Days
6			
Sex	Color or Race	Birth-place	
Female	White	Cumberland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Howard Stockman	Father's Birthplace	W. Va
Mother's Maiden Name	Nannie Kelley	Mother's Birthplace	W. Va
Name of person giving Information	Howard Stockman	How related to deceased	Father

CAUSES OF DEATH

Primary	Diphtheria	9	How long
Immediate	Paralysis	9	How long
Are the name, age, sex, color, date and place correctly given above?	yes		How long
			2 weeks
Signature of Physician	C B Claybrooke		
Address	Cumberland		
Accident or Suicide	Md.		
Louis Stein			



Name  
in  
Full

Hattie V Stuart -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Westminster - Md			County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Aug	22	45	4	14	
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	House work.			Where Residing if not at place of death	✓	
Married, Single or Widowed	Married	Name of Wife or Husband	Daniel Stuart -			
Father's Name	Henry Ross			Father's Birthplace	Md	
Mother's Maiden Name	Lubinda Ross			Mother's Birthplace	Md	
Name of person giving information	Daniel Stuart -			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dropsy (177) 18 Wkrs.

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

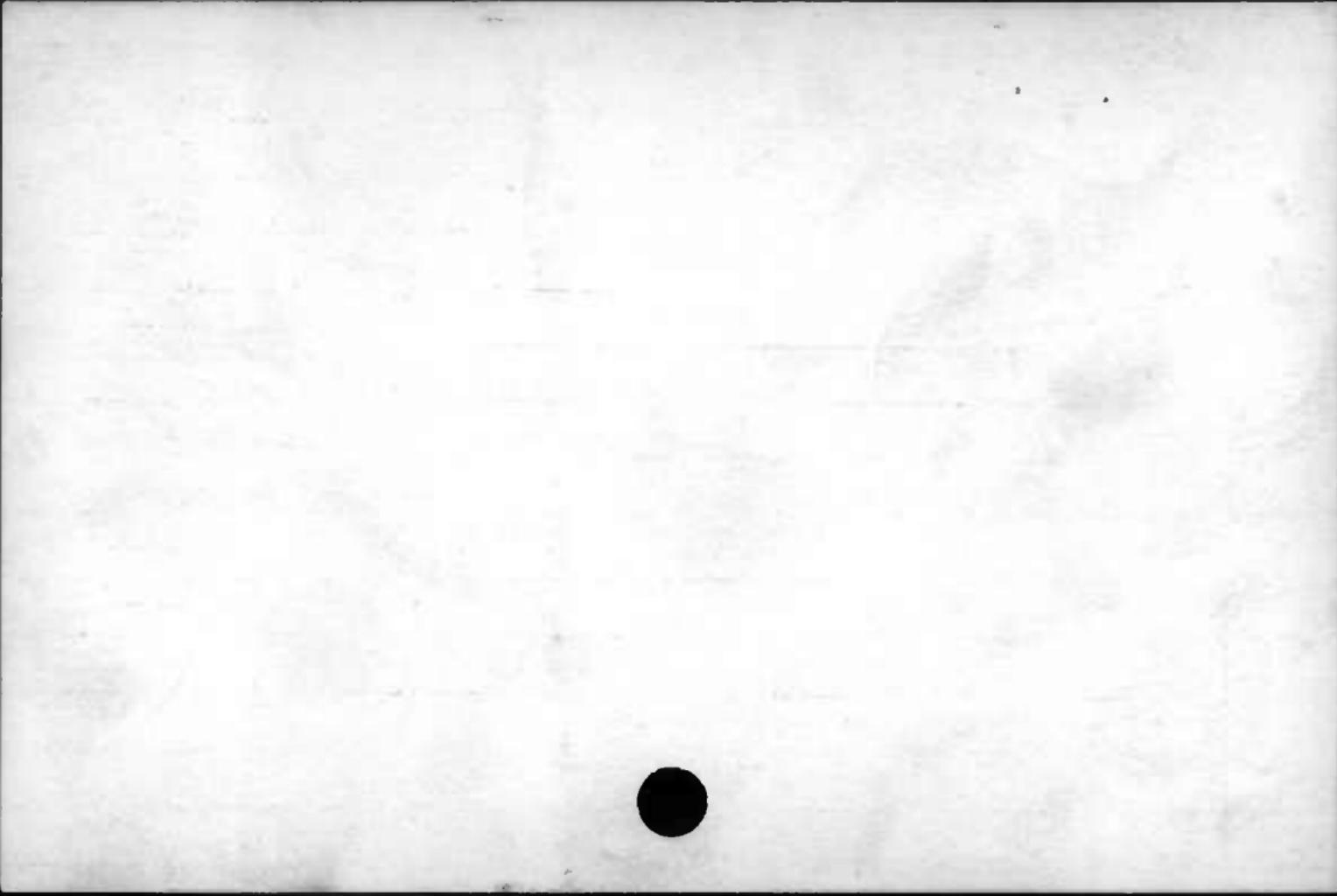
D. J. Long

Address

Piedmont  
W. Va.

Accident or Suicide?

No.



Name  
in  
Full

Joseph Lewis Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at Cumbla	allegany				
Date of death 1905 Aug	Month	Day 19	Years 1.	Months 7	Days 5
Sex male	Color or Race	White			Birth-place Cumbla
Occupation	Where Residing if not at place of death ~				
Married, Single or Widowed ~	Name of Wife or Husband ~				
Father's Name Matt Taylor	Father's Birthplace Cumbla				
Mother's Maiden Name Katie Dickerhoof	Mother's Birthplace Cumbla				
Name of person giving information Katie Taylor	How related to deceased ✓ Mother				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Macasmus.	19	How long	Second most
	Immediate	Thrush		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J W. Dickey	
			Address	Capitol Building	
Accident or Suicide?					

100

12

Name  
in  
Full

Eliza Valentine

CERTIFICATE OF DEATH

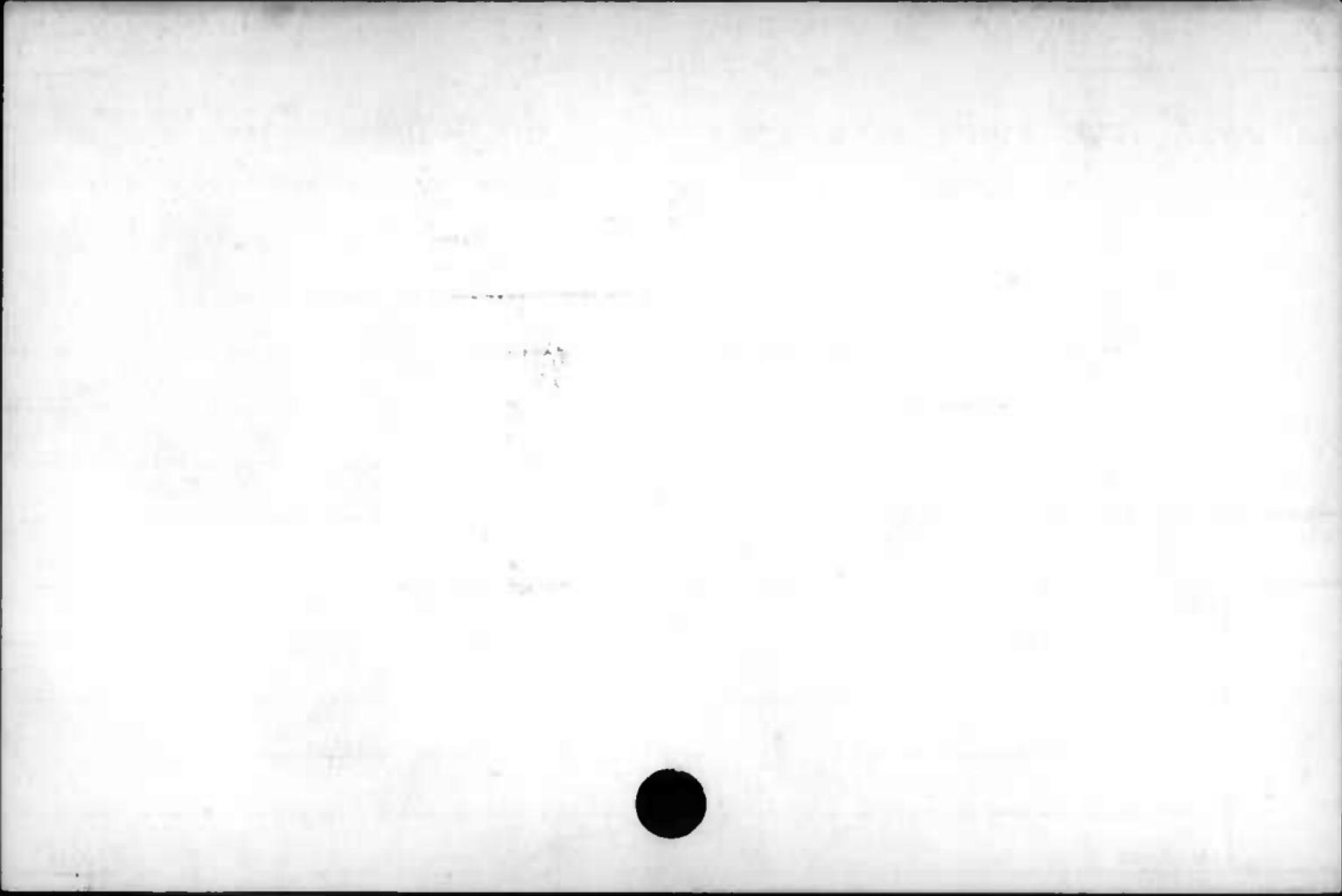
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
1905	Aug	7	Age
Sex	Color or Race	85	Days
Female	White	—	—
Occupation	Where Residing if not at place of death	—	
House Keeper	—	—	
Married, Single or Widowed	Name of Wife or Husband	—	
Widow	—	—	
Father's Name	—	Father's Birthplace	—
Mother's Maiden Name	—	Mother's Birthplace	—
Name of person giving information	George Valentine	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	(93)	How long
Immediate	Exhaustion		6 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr Thos Kooy
		Address	Easton Cumberland Md.
Accident or Suicide?			



Name  
in  
Full

George Wagner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	white	Birth-place	Luke	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Geo Wagner		Father's Birthplace	W.Va.	
Mother's Maiden Name	Rosa Shank		Mother's Birthplace	W.Va.	
Name of person giving information	Mrs Rosa Wagner		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Masseyne*

How long

4 weeks

Immediate "

How long

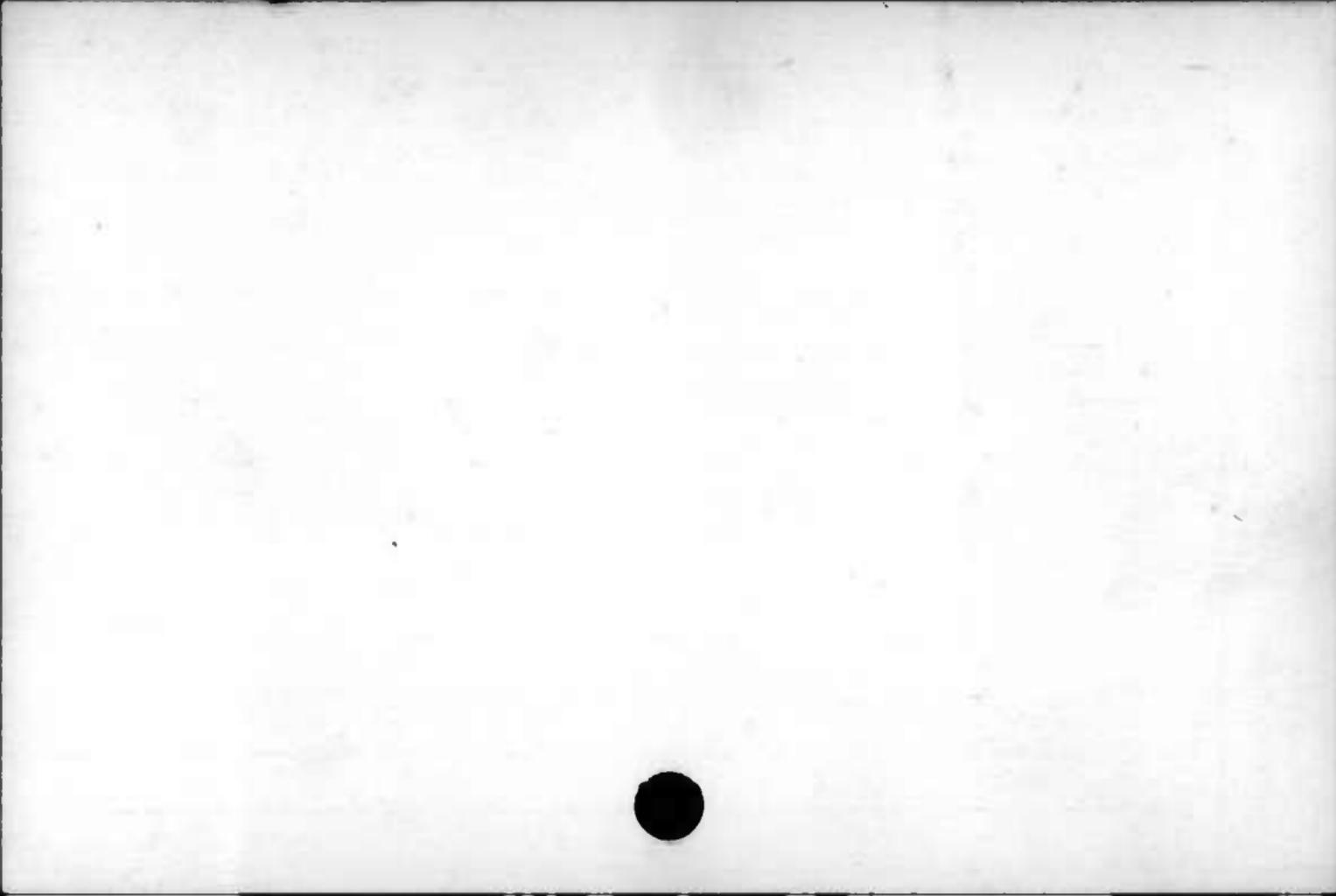
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Kalbach  
Predorford W.M.

Accident or Suicide? *No*



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elizabeth Wehner

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Munths	Days	
1905	8	22	63	9	22	
Sex	X,	Color or Race	H.	Birth-place	Germany	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		George Wehner			
Father's Name	Elias Baughman		Father's Birthplace	Germany		
Mother's Maiden Name			Mother's Birthplace	Germany		
Name of person giving Information	Fred Wehner		How related to deceased	Son		

CAUSES OF DEATH

Primary

Softening of brain tissue

How long

3 months

Immediate

Capillary Hemorrhage

How long

1 month

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Dr Wm Lane

Address

Frostburg Md

Accident or Suicide?

Frosting Farm & Hand Co

new  
for  
you

Name  
in  
Full

Chas. S. Phisner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Quintard -		Allegany	
Date of death	Month	Year's	Months
1905	8	19	-
Sex	Color or Race	Age	Days
Male	White	38	-
Occupation	Where Residing if not at place of death	Birthplace	
Farmer		Great Cacapon	
Married, <input checked="" type="checkbox"/>	Name of Wife <input checked="" type="checkbox"/> Husband	Father's Birthplace	Berkeley 869
Father's Name	Peter Phisner	Mother's Birthplace	" "
Mother's Maiden Name	Amanda Stoffer	How related to deceased	Brother
Name of person giving information	Norman Phisner		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Injury to head (Fractured Skull)	How long	3 days
Immediate	Sphacelation	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. Broadup
yes		Address	Cumberland Md
Accident or Suicide?			

